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COVER LETTER

Tallahassee, FL 32314

то:	Registration S Division of Co			
SUBJE	iMold LLC	2		
30000	···	Name of Lin	ited Liability Company	
The encl	losed Articles of	f Amendment and fee(s) are sub	emitted for filing.	
Please ro	eturn ail corresp	ondence concerning this matter	to the following:	
		Adam Metauro		
			Name of Person	
		iMold LLC		
			Firm/Company	
		3804 Ironbridge Blvd		
			Address	
		Fort Myers, FL 33916		
			City/State and Zip Code	
		adam@imold.us	to be used for future annual report noti	F
For furth	ner information of	concerning this matter, please c		incation)
Adam M	1etauro		239 460-5890 at ()	•
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for t	the following amount:		
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		Street Address: Registration Se	ction
	Division of C	Corporations	Division of Cor	
	P.O. Box 633	27	The Centre of T	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iMold LLC		
(<u>Name</u> of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited I	iability Company were filed on 64	4/24/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company." the (designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
Catar now mailing address if wall-all-		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE		
		C)
3. If amending the registered agent and/or igent and/or the new registered office addro Name of New Registered Agent:		records, <u>enter the name of the new regist</u>
······································	20011 121 01 7	
New Registered Office Address:	3804 Ironbridge Blvd.	orida street address
	Fort Myers	Florida 33916
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adam Metauro	3804 Ironbridge Blvd, Fort Myers, FL 33916	a Add
			🗆 Remove
			□Change
			□Remove
			□Change
	v.=-		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□(Changa

Sui	nmary of Amendment:
We	are adding a new owner (Adam Metauro, majority owner) to be a fully authorzied Manager of iMold LLC
Bri	an Bland (previous owner/Manager) remains affiliated as a now minority owner. No changes.
_	
_	
aatina	date, if other than the date of filing: (optional)
reffecti <u>te:</u> If t	date, if other than the date of filing:
cord s s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	October 28. 2024.
	Signature of a stamber or authorized representative of a member

Filing Fee: \$25.00