L15000113013

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	(ip/Phone #)
	VAIT 🔲 MAIL
(Business E	ntity Name)
(Document	Number)
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COVER LETTER

TO: Registration Section Division of Corporations

IPS Foam LLC
SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Stebbins

Name of Person

Firm/Company

1611 N. Hercules Avenue

Address

Clearwater, Florida 33765

City/State and Zip Code

apstebbins@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30,00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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IPS Foam LLC		· ·	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) fability Company)	•	••••
The Articles of Organization for this Limited Liability Company	were filed on June 30, 2015	and assigned	d
Torida document number <u>L15000113013</u>			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
A Smarter Tomorrow, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	ae abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new reg	<u>ziste</u>
Name of New Registered Agent:			

New Registered Office Address:

Enter Florida street address

, Florida ___ Zip Code

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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.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			□Change
			ƏAdd
			🖸 Add
			Change
			□Add
			□Change
			□Add
		. <u>.</u>	
		<u>.</u>	□Change
			DAdd
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	March <u>25</u>	2024	
		All sole Member	
	¢	Signature of a member or authorized representative of a member	
	Andrew Stebbins		

Typed or printed name of signee