Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: From: **Enter the end annual representations are seen to the end of the	Division of Corporations Fax Number : (850)61 Account Name : REGISTE Account Number : I200900 Phone : (307)20 Fax Number : (855)33 mail address for this busseport mailings. Enter only	7-6383 RED AGENTS INC. 00081 0-2803 0-1010 iness entity to be	SECHLIGHASSEE FLORIDATE FAILAHASSEE FLORIDATE for ** used grease.*	36
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

IncreaseMyT LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number L16000112257	iability Company 7	were filed on 06/05/16	and assigned
This amendment is submitted to amend the follo	owing:	d liability company here: This company is the designation "LLC" or the abbreviation "LLC" Telephone Telep	
A. If amending name, enter the new name of	f the limited liah	oility company here:	
The many many has distinguishable and contain the u	ords "Limited Light	lity Company "the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	<u>(T ADDRESS)</u>	St. Petersburg, FL 337	02
Enter new mailing address, if applicable:		7901 4th St N STE 300)
(Mailing address MAY BE A POST OFFICE	BOX)	St. Petersburg, FL 337	02
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office ss here:	address on our records, enter the	
Name of New Registered Agent: Registere		d Agents Inc.	FILE R 16 HASSE
New Registered Office Address:	7901 4th		
	St. Peters	•	00 T CCC

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

Title	<u>Name</u>	Address	Type of Action
AMBR	MR CHRISTOPHER M LEWIS	7901 4th St N STE 300	□Adđ
		St. Petersburg, FL 33702	□Remove
			X i Change
AMBR	MRS JESSICA L LEWIS	7901 4th St N STE 300	□Add
		St. Petersburg, FL 33702	□Remove
			X iChange
			🗆 Add
			Remove
		***************************************	□Change
			[]Add
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			Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:	
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Signature of a member or authorized representative of a member	
3 Signature of a member of authorized representative of a member	

Filing Fee: \$25.00