L17000135791

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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2023 AFS TO ALL 9: 28

A. PARISHANI

COVER LETTER

TO: Registration So Division of Cor			٠	* "	:
	OCUSED., LLC	·			
SUBJECT:	Name of Lim	ited Liability Company			
				-	2023
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		·	2023 <i>I</i> .US 1 O
Please return all correspo	ondence concerning this matter	to the following:			10 AH
	Daniel C. Elkins, Esq.			÷	9: 2
		Name of Person		_	28
	Daniel Elkins, P.A.				
	 	Firm/Company		_	
	283 Cranes Roost Blvd. St	nite 111			
	··	Address	 	_	
	Altamonte Springs				
		City/State and Zip Code		_	
	daniel@elkisnfreedman.cor	n to be used for future annual report no	ntification)		
For further information of	concerning this matter, please ca		,		
Dana C. Bonanne		516 404-0210			
Name o	of Person		me Telephone Numb	ет	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee cate of Sta ed Copy al copy is en	tus &
Mailing Addres		Street Address: Registration S	ection		
Division of C P.O. Box 632	Corporations	Division of Co The Centre of	orporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAB.FIT.FOCUSED., LLC		
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	9: 28
The Articles of Organization for this Limited Liability (Company were filed on 06/22/2017	and assigned
lorida document number L17000135791	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The INKfluence, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, <u>enter the</u>	name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
	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
			□Add
			Remove
			一 E Change
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			:⊞Remòve
			9. ; 2 ———————————————————————————————————
 			□Add
			□ Remove
			Change
			□ Remove
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Note: If the	date, if other than the date re date is listed, the date must be spine date inserted in this block dis effective date on the Department	oes not meet the app	icable statutory fi	r more than 90 days afte	i onal) r filing.) Pursu is date will n	ant to 605.0207 ot be listed as
f the record sp ecord is filed.	ecifies a delayed effective date	., but not an effective	time, at 12:01 a.i	m. on the earlier of: (I	o) The 90th	day after the
	August 8th Dane Boranne	2023	.			
Dated	 					