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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration : Division of Co			
INFLUE			
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	NANCY GONZALEZ		
		Name of Person	
	INFLUETO LLC		
		Firm/Company	
	1800 NORTH BAYSHO	RE DRIVE	
		Address	
	APT 1907		
	MIAMI, FL 33132	City/State and Zip Code	_
		to be used for future annual report notification)	***
For further information	concerning this matter, please c	all:	
NANCY GONZALEZ		786 6837307	
Name	of Person	Area Code Daytime Telephone Num	iber
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, ficate of Status & fied Copy fonal copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 8 10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INCLUE		
(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document number L18000090583	ility Company	were filed on APRIL 10, 2	2018 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liab	ility company here:	
he new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company." the designation	"LLC" or the abbreviation "L.L.C,"
Inter new principal offices address, if applicable:		1800 N BAYSHORE DE	RIVE, APT 1907
Principal office address MUST BE A STREET		MIAMI, FL 33132	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		1800 N BAYSHORE DE	RIVE, APT 1907
3. If amending the registered agent and/or registered office address I Name of New Registered Agent:		address on our records, <u>e</u>	nter the name of the new regis
New Registered Office Address:	1800 N BAYS	SHORE DRIVE, APT 1907	
then registered Office Addition.		Enter Florida street a	ddress
	MIAMI		, Florida <u>33132</u>
		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 	NANCY GONZALEZ		□Add
			□Remove
		1800 N BAYSHORE DR, 1907, MIAMI FL 33132	2
MGR	SANTIAGO QUINTEROS	900 WEST AVENUE APT 625 MIAMI FL, 33139	□Add
			Remove
			□Change
			□Add
			Remove
			□Change
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