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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: In Promotions W 5 Hometown Name of Limited Liability Company In Spiration
The enclosed Articles of Amendment and fee(s) are subneated for filling.
Please return all correspondence concerning this matter to the following:
Rachel Herman Name of Person
In-Promotions LLC Hometown Fr
1613 Cherry Hill Lane
Tallahassee FL 32312 City/State and Zip Code
e-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachel Herman at (850) 345-7741  Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcia \text{\$30.00 Filing Fee & Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$70.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text{\$80.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcia \text

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

In- 4000	motions. LUC
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 1800015 78</u>	* 1 1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit  HOMEHOWN IN  The new name must be distinguishable and contain the words "Limit	spiration UC部置。
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI	ess) NA-same =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A - Same
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of t</u> ess here:
Name of New Registered Agent:	N/A - Same
New Registered Office Address:	Enter Florida street address
	, Florida
	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

MIA

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

MGR = Manager

AMBR = Authorized Member

Title	Name  No. 111	^ ^	Address	It II To	Type of Ac
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Effective date, if other	than the date of filing:	(optional)
f an effective date is listed, th	than the date of filing:  the date must be specific and cannot be prior to date of filing of the in this block does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 6 iling requirements, this date will not be li
document's effective date	on the Department of State's records.	
e record specifies a	delayed effective date; but not an effective	e time, at 12:01 a.m. on the ear
The 90th day after	the record is filed.	
Dated 6/24	2019	
Dated <b>6 / 2 6</b>	2019  Chel Demon	