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(Re	questor's Name)	···
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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INTACT, LLC

777 Brickwell Avenue. Suite 500 9550 Miaml. FL 53454 SA www.intactinternational.com



January 27, 2019

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations,

Thank you for sending me the letter asking for corrections to my filing. I have enclosed your letter to me, the new filing (with the correct form) and a copy of the incorrect form with a red X; through it) for reference.

If you require anything else, please let me know.

Sincerely,

Érik Hansen

Tel. (860) 214-1943

Email: Erik@IntactInternational.com

COVER LETTER

		ration Sec o of Corp	rtion porations				
;UBJEC	Υ Τ .	Intact,	LLC				
7000EC	· • •	<u> </u>	Name of Li	mited Liability Company			
			Amendment and fee(s) are su	·			
'lease ret	turn ail	correspor	ndence concerning this matte	r to the following:			
			Erik Hansen				
				Name of Person			
			Intact, LLC		سي مينها راد ار		
				Firm/Company			
			777 Brickwell Ave	enue, Suite 500-9550			
				Address			22
			Miami, FL 33131				2019 JAN 30
				City/State and Zip Code		* = 10	<u></u>
			Erik@IntactInterna			388 1887	30
or furthe	er infor	mation co	ncerning this matter, please	(to be used for future annual report notific call:	ation)	77	⋗
							ۻ
Erik	Hans			at (860) 214-1943			2
		Name of	Person	Area Code Daytime	Telephone Number		
inclosed	is a che	eck for the	e following amount:				
₃ \$25.0	0 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certificate of Certified Conditional con	of Status &	
			NG ADDRESS:	STREET/COURIE	R ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

pany as it now appears on our records.) d Liability Company)	,
ny were filed on September 01	1, 2018 and assigned
ability company here:	
bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Not Applicable	
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Not Applicable	AN J
office address on our records.	ഗ്∑ പ 🗗
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Enter riorida street adaress	
, Flori	ida
ti:	22
	Ability company here: bility Company," the designation "LLC" of Not Applicable Not Applicable Office address on our records, ere:

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 veing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MBR = Authorized Member

<u>Cltle</u>	Name	<u>Address</u>	Type of Action
MGR	Erik Vecvagars	P.O. Box 71	Add
		Mahopac Falls, NY 10452	E (Remove
			C Change
AMBR	Susan Miron	13990 Bartram Park Boulevard	XAdd
- ~	· ·	Apt. 1419-	□ Remove
		Jacksonville, FL 32258	Change
		TALLE C. A.	Change
		SSEE FLORIDA	Add Remove
		<i>y</i>	
			O Add
			□ Remove
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