## L18000205620

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## **COVER LETTER**

Registration Section Division of Corporations

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Intact Inte	rnational, LLC					
	Name of Lim	ited Liability Company				
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
ase return all correspo	ndence concerning this matter	to the following:				
	Susan M. Miron					
	<del></del>	Name of Person			2021 APR -1	
		Firm/Company		• - "	روز 	11
830-13 A1A North Suite 683				•	PH 9: 46	FILED
Address					ہ ہو	
	Ponte Vedra Beach, F	Fl. 32082		: -	ð	
	Mironenterprises@gm	City/State and Zip Code ail.com				
	E-mail address: (	to be used for future annual report notifi	cation)			
further information c	oncerning this matter, please c	all:				
Susan Miron		at ( 860 ) 836 0301				
Name o	Person	at (	Telephone Number			
closed is a check for th	te following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate Certificate Certified ( tadditional e	of Stati Copy		
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sectorial Division of Corporate The Centre of Ta 2415 N. Monroe Tallahassee, FL.	oorations allahassee Street, Suite 81	0		

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>	Name	Address	Type of Action
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