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## **COVER LETTER**

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TO:		stration Sec sion of Corp					
SUBJEC		Intelligent I	lor, LLC				
SOBJEC	νI. <u>-</u>		Name of Lim	ited Liability Company	·		
			Amendment and fee(s) are sub-	-			
			Monique Trowers				
				Name of Person			
			Intelligent Hor, LLC				
				Firm/Company			
			2505 SW 110th Ave	# 330 <u>2</u>			
			Miramar, FL 33025	Address		the section	
			professionalservicestoday@	_	· · · · · · · · · · · · · · · · · · ·	AM 9: 06	E
For furth	ner int	formation co	n-man address; of oncerning this matter, please co	o be used for future annual report notitial:	reation)	कुत क	
$\omega$	عزير	rue Ti	rowers	at (954) 668-	-4218		
		Name of	Person	Area Code Daytime	e Telephone Number		
Enclosed	ı is a	check for th	e following amount:				
<b>■</b> \$25.	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
			NG ADDRESS:	STREET/COURI			

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tute // deut	アクトノクト		
Csame of the fam	(A Florida Limited L	iy as it now appears on ou iability Company)	r recor <u>us.</u> )
The Articles of Organization for this Limited Florida document number $\frac{W18000096469}{}$	Liability Company	were filed on 11/05/201	8 and assigned
This amendment is submitted to amend the fol	Howing:		
A. If amending name, enter the new name	of the limited liabil	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation	on "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered	d/or registered off	fice address on our i	records, enter the maine of the nev
Name of New Registered Agent:	Monique Trowe	rs	
New Registered Office Address:	2413 Main Stree	et (Suite 124)	
		Enter Florida stree	et address
	Miramar		Florida <u>33025</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:

<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	Monique Trowers	2413 Main Street (Suite 124) Miramar F1, 33025	<b>∃</b> Add
		2505 SW 110TH AVE # 3302 Miramar, FL 33025	<b>≘</b> Remove
			Change
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	6
Effec	tive date, if other than the date of filing: (optional)
lf an e	tive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
	the desired sit the department of date is records.
ne re Tha	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 9 90th day after the record is filed.
1110	2 Journally after the record is filed.
	11 . 12 - 2019
Datec	11-12-2018

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Typed or printed name of signee

Filing Fee: \$25.00