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	Division of Cor	porations	E G	مير . مير
		: (850)617-6383	6	
From:				1
	Account Name	: PAUL SALVER, P.A.		Ċ
	Account Number	: 120020000087		
	Phone	: (954)389-1333		
	Fax Number	: (954)389-1397		

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO: Registration Section Division of Corporations

INGENIALS INTERNATIONAL LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELLA SANTANA

Name of Person

SALVER & COOK LLP

Firm/Company

2721 EXECUTIVE PARK DR STE 4

Address

WESTON, FL 33331

City/State and Zip Code

D.SANTANA@PSCCPAS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLA SANTANA 954 389-1333 at (______) Name of Person Area Code Daytimo Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 08-10-'21 08:57 FROM- Salver and Cook

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INGENIALS INTERNATIONAL LLC (Name of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/16/2018 _____ and assigned supported to Florida document number L18000268240 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: and the second states and the (Mailing uddress MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter th name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Flori .la _____ Zip Code Cliy

New Registered Agent's Signature, if changing Registered Agent:

الم المحج المحالية ا 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.: . Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that . 'he limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H21000301008 3))) MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address Type of Action MGR ESMERALDA ALVIRE 430 WARWICK STREET EAdd GULF BREEZE, FL 32561 Remove Change ويرجع ومشقوم وعرارا المراجع والراران 11 □Add Remove _ Change _ 🗆 Add Remove □Change C. Same and States of the states 13 . ۰. □Add ____ DRemove Change . □Add Remove Change : □Add □Remove Change (((H21000301008 3)))

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record specifies a delayed effective date, but not an e is filed.	effective time, at 12:01 a.m. on the earl	ier of: (b)	The 90th c	day after the
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