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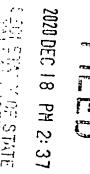
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor							
Judy Gulley	, LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ondence concerning this matter						
	Judy Armstrong			_			
		Name of Person	•	_			
	Armstrong Ingenuity, LLC	,					
		Firm/Company		_			
	4705 1st ST NE #130			: 2			
	•	Address		0201			
	St PEtersburg, FL 33703						
	•	City/State and Zip Code		- 18 PM 2			
	judy@jkarmstrong.com			- 실육 꿈 🖁			
E on Combon in Commention of	E-mail address; (oncerning this matter, please c	to be used for future annual report notific	ration)	2020 DEC 18 PM 2: 37			
For further information c	oncerning this matter, prease c			r			
Judy Armstrong		727 410-6635 at ()					
Name o	of Person	Area Code Daytime	l'elephone Numbe	er			
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status						
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our re- liability Company)	cords.)				
The Articles of Organization for this Limited Liability Company Florida document number 119000111119	were filed on 04/23/2019	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
Armstrong Ingenuity, LLC						
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	Judy Armstrong	20				
(Principal office address MUST_BE A STREET ADDRESS)	4705 1st ST NE #130	7000 DEC				
	St Petersburg, FL 33703	C) ====				
Enter new mailing address, if applicable:	4705 1st ST NE #130	8				
(Mailing address MAY BE A POST OFFICE BOX)	St Petersburg, FL 33703	2: 37 STATE E. HL				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>er</u>	iter the name of the new registered				
New Registered Office Address:	Enter Florida street ac	Library.				
	Emer Primau sirect autress					
		, Florida				
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code				

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			☐Change
			□Add
			□Remove
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record specifies a delayed effective I is filed.	date, but n	iot an effect	ive time, a	t 12:01 a.n	n. on the ca	rlier of: (t	o) The 96	Oth day	after the
December 15		2020							
Dated									
Dated	1 -		_						

Filing Fee: \$25.00