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PICK-UP	WAIT	MAIL
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(Do	cument Number)	- -
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	· -

Office Use Only



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2021 SEP -7 PH 7: U

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 2	Inmotion.	CO LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Carl J	unior Fountai	<u></u>
	2 In mo	Stron. Co LLC Firm/Company	
	7160 U	Undsor Dal	l dr
	Pensaco	City/State and Zip Code 325	526
	E-mail address: (i	to be used for future annual report potificat	ion)
For further information co	neerning this matter, please co	att:	
Sarl Junit	or Fountain Person	at (\$50) 285 Area Code Daytime Te	9746 dephone Number
Enclosed is a check for the	e following amount:		/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	an.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.
2021 SEP -7 PM 7:41
SECRETARY OF STATE
THE STATE OF STATE

) hhe included
illity Company as it now appears on our records.) ida Limited Liability Company)
Company were filed on $\frac{7/19/2019}{26}$ and assigned
mited liability company here:
imited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C."
DRESS)
red office address on our records, <u>enter the name of the new registered</u> :
Earl Junior Fountain,
7160 Windsor Dak de
Penbaco 4

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.

Thanging 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Lataya Stacyann Fountain	Pusacolo, Fla 32526	BXdd
	Fountain	Pensacola, Fla 32526	□Remove
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			□Change

	
	
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effecti <u>e:</u> If	date, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed	9-1-2021
	L. Fountain
	Signature of a member or authorized representative of a member
	Latoya Stacy-ann Fountain

Filing Fee: \$25.00