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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INREP, LLC Account Number : I20170000048 : (754)333-1797 : (954)301-0210 Fax Number

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

Email Address: INREP101@OUTLOOK.COM

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUATE SERVICES LLC

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TO:

(((11210000980953)))

## From: INREP (

## **COVER LETTER**

TO: Registration Se Division of Cor			(((112100000000000000000000000000000000	
	RVICES LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MARIO MARTIN			
		Name of Person		
	INREP LLC			
	***	Firm/Company	,	
	2333 N SR-7 STE L			
	-	Address		
	MARGATE FL 33063			
	INREP101@OUTLOOK.C			
For further information c	E-mail address: ( oncerning this matter, please of	to be used for future annual report not all:	ification)	
SALVADOR A CALDE		321 525-613		
Name o	t'Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	
MailingAddres		StreetAddress:		
Registration 5 Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of	Tallahassee	
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

To: 18506176383 Page: 4 of 6 2021-03-10 21:10:25 GMT 19543010210 From: INREP L

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000098095 3)))

Florida document number L19000189178  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register.	The Articles of Organization for this Limited Liability Company were filed on     O7/23/2019	CUATE SERVICES LLC				
Florida document number L19000189178  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address MUST BE A STREET ADDRESS)  Enter new mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  N/A  New Registered Office Address:  N/A  Enter Florida street address  N/A  Florida  Florida  Florida	Florida document number L19000189178  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "ELC.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A  Enter Florida Tip Code  Tip Code	(Name of the Limi	ted Liability Co (A Florida Lim	mpany as it now appear ited Liability Company)	s on our records.)	
Florida document number L19000189178  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address MUST BE A STREET ADDRESS)  Enter new mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  N/A  New Registered Office Address:  N/A  Enter Florida street address  N/A  Florida  Florida  Florida	Florida document number L19000189178  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "ELC.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A  Enter Floridustreet address  N/A  Florida  Tip Code	The Articles of Organization for this Limited I	iability Comp	any were filed on 07/	23/2019	andassigned
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Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  N/A  Enter Florida street address  N/A  Florida	Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address bere:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A  Enter Florida street address  N/A  City  Tip Code	. ,				
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:    Name of New Registered Agent:   N/A     New Registered Office Address:   N/A     Enter Florida     Florida	And the new mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:    Name of New Registered Agent:   N/A					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:    Name of New Registered Agent:   N/A       New Registered Office Address:   N/A       N/A         Florida	B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here:    Name of New Registered Agent:   N/A     New Registered Office Address:   N/A     Enter Florida street address     N/A     City   Zip Code	Enter new mailing address, if applicable:		N/A		
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New Registered Office Address:  Enter Florida street address  N/A Florida	New Registered Office Address:    Enter Florida street address	Name of New Registered Agent:	N/A	<del></del>	<del></del>	
N/A, Florida	N/A, Florida	New Registered Office Address:	N/A	· · · · · · · · · · · · · · · · · · ·		
	City Zip Code			Enter Flor	ida street address	
City Zip Code	City Zip Code		N/A	<u> </u>	, Florida	
				City		Zip Code

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.

To: 18506176383

Page: 5 of 6

2021-03-10 21:10:25 GMT

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From: INREP LI

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 = AMBR =	Manager Authorized Member		(((H21000098095 3)))
<u>Title</u>	Name	Address	Type of Action
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		APOPKA, FL 32703	\equiv \eq
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From: INREP L

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Effective date, if other than	e must be specific and can	ot be prior to date of file	ng or more than 90 days at	fter filing ) Pursuant to 605,0207 (
Note: If the date inserted in the document's effective date on the	iis block does not meet he Department of State	the applicable statutor is records.	y filing requirements, t	this date with not no distert as a
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e record specifies a delayed eff rd is filed.	ective date, but not an e	ffective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after the
MARCH 10	24	021		
Dated				
<del>-</del>	) P. G			
	Signature of a memi	ber or authorized represe	entative of a member	

Typed or printed name of signee