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### **COVER LETTER**

TO:

	Registration Se Division of Cor				
eim ite		AL BUSINESS SERVICES LL	<b>c</b> .		
SUBJEC	.l: <u></u>	Name of Limi	ted Liability Company		
The encl	osed Articles of	Amendment and fee(s) are subt	uitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		WASHINGTON TOURIZ			
		INPUTDEAL BUSINESS	Name of Person SERVICES LLC.		
			Firm/Company		
		10630 NW 88TH ST APT	201		
		DORAL/FL. 33178	Address		
		ADMIN@INPUTDEAL.CO	City/State and Zip Code DM		
		E-mail address: (t	to be used for future annual rep	ort notification)	
For furth	er information c	oncerning this matter, please ca	ill:		
WASHI	NGTON TOUR	IZ.	786 71990	536	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed	l is a check for th	ne 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 Certified Cop tadditional copy	Status &
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	Registration Division of	Corporations	
		ox 6327 assee, FL 32314	Clifton Bui 2661 Exect	itive Center Circle	

Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## INPUTDEAL BUSINESS SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 26, 2019 and assigned Florida document number L19000191648 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: (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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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