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(Req	uestor's Name)	
(Add	ress)	
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	's Brain, LLC				
SUBJECT:	Name of Lim	ited 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:			
	C. Dale Moore				
		Name of Person		_	
		Firm/Company			
	415 Seagrass Ave.				
		Address		:	
	Sebastian, Fl. 32958				atus &
		City/State and Zip Code			7.7
	dizzylanddalc@aol.com			1:	<u></u>
For further information c	E-mail address: (oncerning this matter, please ea	to be used for future annual report not all:	ification)	m m	29
Dale Moore		407 765-4276			
Name o	r Person	at () Area Code Daytin	ne Telephone Num	ber	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certiti	Filing Fedicate of State of St	atus &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C	orporations	Division of Co.	rporations		
P.O. Box 632	.7	The Centre of	Tallahassee –		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	minute as if note appeares are all poor	and \
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recorded Liability Company)	<u>orus.</u>)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{120000045692}{1}$.	any were filed on 02/07/2020	and assigned
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Inside Dale's Brain, LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		c 2
Principal office address MUST BE A STREET ADDRESS		•
Timespat office dudiess in cor bis, its initial in the brings	<u> </u>	
Enter new mailing address, if applicable:	415 Seagrass Ave.	े हो:
	Sebastian, FL 32958	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	·	L: 15
		r. <u>o</u>
3. If amending the registered agent and/or registered off gent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>ent</u>	er the name of the new regis
New Registered Office Address:	Enter Florida street add	tress
		Florida

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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	C Dale Moore	415 Seagrass Ave.	
		Sebastian, FL 32958	□ P amouta
			□Add
			□Remove
			□ Change
			Add
			□Remove
			Change
		C : C Add	
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			Change
	<u></u>	bbA⊡	
		.	⊟Remove
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			□Remove
			□ Change

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Effective date, if other than the da	nte of filing:		_ (optiõnal)	<u>.</u>
f an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to c does not meet the applicab	date of filing or more than 90 d le statutory filing requireme	ays after filing.) Pursuant to 605.0207 will not be listed as
ne record specifies a delayed e The 90th day after the recor		an effective time, at 1	2:01 a.m.	on the earlier of
Oated	2024			
C.Du	Morre			
Si	gnature of a member or authoriz	zed representative of a member	 	

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Filing Fee: \$25.00