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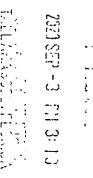
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10/19/20

. COVER LETTER

TO: Registration Section

Division of Co			
SUBJECT: FMT e	SRRIED SMANT Name of Limit	Solutions LLC /	formely InterProp LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Picase return all corresp	ondence concerning this matter	to the following:	
	LARRY YOGG	2 (Name of Person	
	-	Firm/Company	200 SEZ -8 FM 3: 18
	2145 CANN	A WAY Address	
		Address	
	NAPLES F	City/State and Zip Code	ي کي کي ک
		City/State and Zip Code 6 MAIL. Com to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
LARRY YOGE Name	٠	at (<u>610</u>) <u>213</u> Area Code Daytime	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 & Certificate Copy (additional copy is enclosed)
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTEGRZIED SMAAT S.	olutions LLC
INTEGRETED SMAA So. (Name of the Limited Liability Co. (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Anicles of Organization for this Limited Liability Com	npany were filed on 6/17/20 and assigned
Florida document number 10000 168 702.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
INTEGRATED SMART Solutions LI	Liability Company." the designation "LLC" or the abbreviation "L.L.C."
the new marie 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:	22.2
(Principal office address MUST BE A STREET ADDRESS	SS)
	in the second se
Enter new mailing address, if applicable:	무슨 모든 사람들은 모든 사람들은 모든 사람들은 모든 사람들이 되었다.
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	fice address on our records, enter the name of the new registere
ngent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 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
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