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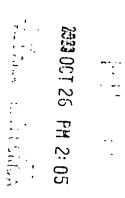
(Requestor's Name)
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## **COVER LETTER**

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TO:

Registration Section

Division of Cor	porations			
	estments 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	ondence concerning this matter	to the following:		
	Lucia Dakuma			
	Jason Roberts			
		Name of Person		2020 OCT 26 PM 2: 05
		Firm/Company		17 28
	4133 Eagle Landing Parky	vay		
		Address		# 2:
	Jacksonville, Fl 32065			1 2: 05 Voldák
		City/State and Zip Code		
	jaason904@gmail.com	to be used for future annual report not	ification)	
For further information c	concerning this matter, please c		,	
Jason Roberts		904 521-9115 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
Mailing Addres Registration	Section	<u>Street Address:</u> Registration So		
Division of C		Division of Co	•	
P.O. Box 632 Tallahassee.		The Centre of	Tallahassee 5e Street, Suite 81	ın
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Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INELL Investments LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Company	y were filed on 06/18/2020	and assigned
Florida document number L20000169924		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	
Inter new principal offices address, if applicable:		EE 27
Principal office address MUST BE A STREET ADDRESS)		00
		28
		<u>.</u> . <u>P</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our records, enter	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
		lorida Zip Code
	Chy	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 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	Jason Roberts	4133 Eagle Landing Parkway	<b>≣</b> Add
		Jacksonville, FI 32065	□Remove
			□Change
			□Add
			Remove
			!A.Jd
		Add  Remove	
			□Change
			Remove
			□ Change
			□Add
			□Remove
			□Change

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ective date, if other t	han the date of filing:		(optional)	
effective date is listed, the	e date must be specific and cannot be pri- in this block does not meet the appl	or to date of filing or more than icable statutory filing requir	90 days after filing.) Perments, this date w	ursuant to 605.020 ill not be listed a
ument's effective date	on the Department of State's record	ls.		
oard enacities a dalares	I effective date, but not an effective	time at 12:01 a.m. on the e	arliar of: (b) The	Mth day after the
s filed.	refrective date, that my an effective	mic. at 12.07 a.m. on the c	arrier or, (o) The	war day direct till
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ed <u>Octoba</u>	$\frac{-22}{4}$ . $\frac{2020}{2}$	<u>.                                    </u>		
No.	1			_
	<del></del>	horized representative of a mer		

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Filing Fee: \$25.00