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	· ·	COVER LETTER	
TO: Registration Se Division of Cor			
SUBJECT: WAI	101144.	ecoded LLC	
•	Name of Limi	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:	
	Isaac J.	Scarborough Name of Person	
		Name of Person	
		Firm/Company	
	798 country	Woods Cir	
	Kissimme	Address Ve , FL 34744 City/State and Zip Code	
	ISAACTYAAC E-mail address: (1	S 4× @ gmail - com	ication)
for further information co	oncerning this matter, please co	all:	
Isaac J. Scarbe			- 9876 : Telephone Number
Name (. C.S.	, it can evalue 17 Ayrilla	receptione realises
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Decoded

(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	s it now appears on our records.) lity Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L20000178582</u> .	re filed on 06 25 2020	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
IJS Enterprise Group, LLC The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability "Liability Contains the words" "Limited Liability "Liability "Liability" "Liability "L	lompany," the designation "LLC" or the ab	breviation "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 add agent and/or the new registered office address here:	ress on our records, enter the nam	e of the new r	egister
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	5	
	Florida	Zip Codé	
	City	Zip Codê	
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
			□Add
			□Remove
			□Change
			□Remove
			□ Change
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fective date, if other than the date of filing:	_	
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