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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	· /	LLC 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:	
		Darrell Gaskins Name of Person	
	(om plia	INT MINDS LLC	
	24 Oce	an Ridge Blud A	J
	Palm	Coast, FL 34137 City/State and Zip Code	
	ء ۾ النب	Ense Con Clartmin to be used for future linual report notif	15
	E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please c	all:	
Will Go	9k/28	at (767) 341-	7677
Name o	l'Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne following amount:		
25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Complia	ant Minds LLC	P. Carlo
The Articles of Organization for this Limited I	olted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L	Liability Company were filed on Augu	154 70, 7570 and assigned
Florida document number <u>L70000</u> Z	58435	平6
This amendment is submitted to amend the fol	Howing:	6.35
A. If amending name, enter the new name of	of the limited liability company here:	O .
The new name must be distinguishable and contain the Enter new principal offices address, if appli	icable:) "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	William Derrell By	15kins St.
New Registered Office Address:	William Derrell Great Programme Bridge B	address
	Enter Florida sirees Palm Coast City	, Florida <u>32137</u>
n Degistered Agent's Cignotum of the	. Danier and Arrang	sop v ma

w Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany 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
NGR	William Gastins	24 Ocean Ridge Blud N	JC Add
		Palm Coast, FL 32137	□Remove
MGR	Christopher Gorman	3039 Beechwood Lane	≫ \dd
		Falls Church, VA 2704 Z	Remove
			🗆 Change
			□Add
			□Remove
			□Change
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ecord specifis filed.	es a delayed effective date, bu	it not an effective	time, at 12:01 a.m. o	t the earlier of: (b)	The 90th day after the
led	ecember 4	7020	·		
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_	Signature	or a manager or auth	notized representative of	f a member	

Filing Fee: \$25.00