## L2000030676Z

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SECTION OF PH 4: 14

JA.
12/22/20

TO: Registration Section Division of Corporations	
SUBJECT: In land Virtual Name of Limited Liabili	
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
Paris D E	dwards ne of Person
Inland Virt	wal Solutans LLC
8714 NW	61-51-Street
City/Stai	2/3332/ te And Zip Code
Edwards Dari E-mail address: (to be used to	5 2880 CfMal. Com  for future annual report of the fitting in the second of the second
For further information concerning this matter, please call:	
Paris D Educards at Name of Person	(954) 433-0755 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	.00 Filing Fee &   rtified Copy   ditional copy is enclosed)  Certified Copy   Certified Copy   (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

## TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L20003067</u> 62	led on <u>Sept 29, 2020</u> and assigne
<del> </del>	170 X
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation LLC.
Enter new principal offices address, if applicable:	750 N Andrews AUR
(Principal office address MUST BE A STREET ADDRESS) 50	110 200
<u>Oa</u>	Klaind fark +1, 3336
Enter new mailing address, if applicable:	714 NW 61ª Avenue
	marcic F1, 3332/
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Cin	· Zip Code

New Registered Agent's Signature, it changing Registered Agent:

In land V

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

## or removed from our records: MGR = Manager AMBR = Authorized Member Type of Ac Title <u>Address</u> MGR Deandre LBell 13/1 N State Paud 7 DANIE Maryale Fl, 33063 & Remove □ Change MGR Paris D Edwards 8714 NW 615 Street 2 Add DMarac F1 3332/ Remove \_\_\_\_\_ □ Add □Add □Remove □Remove \_\_\_\_\_ □Change \_\_\_\_ □Add □Remove

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If ame	nding an	-					sheets, if necessary.)
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f an effe <u>Note:</u>	ective date i If the date		t be specific and o ock does not mo	annot be preef the app	olicable statute	ing or more th	(optional) an 90 days after filing.) Pursuant to 605, uirements, this date will not be liste
record d is fil	•	a delayed effective	e date, but not a	n effectiv	e time, at 12:0	)1 a,m. on the	e earlier of: (b) The 90th day after
Dated <sub>.</sub>	No	vember	10th.	20	USU.		
		Paris	Signature of a in	war or a	uthorized repres	centative of a	member
		Pari			/ / ) ~ ~ ~ ~		action.
				Typed or pr	rinted name of s	ignee	