## L21000115787

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## **COVER LETTER**

Inflection : UBJECT:	Point, LLC		
obsect,	Name of Lim	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Charles Scott Leslie		
		Name of Person	····
	Inflection Point, LLC		
		Firm/Company	
	1025 S. Sterling Avenue		
		Address	
	Tampa, FL 33629		
•		City/State and Zip Code	
	scott@myleslies.com		
	E-mail address: ()	o be used for future annual report notifi	cation)
or further information of	concerning this matter, please co	ill:	
Charles Scott Leslie		813 390-0001	
Name o	of Person	at () Area Code Daytime	Telephone Number
inclosed is a check for t	he 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 enclose

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

Inflection Point, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/10/2021}{1}$ and assigned Florida document number L21000115787 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Inflection Path, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Change
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		Signature of a member or authorized representative of a member
	-0	Typed or printed name of signee

Filing Fee: \$25.00