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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	ition Section of Corporations	
	oor Solutions LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are sub	omitted for filing.
Please return all c	orrespondence concerning this matter	r to the following:
	Maria M De Queralez Dia	17.
		Name of Person
	Indoor Solutions LLC	
		Firm/Company
	4906 Luge Ln	
		Address
	Orlando, FL 32829	
		City/State and Zip Code
	eqworker16@gmail.com	(to be used for future annual report notification)
For further inform	nation concerning this matter, please o	
		407 556-5111
Maria M De Queralez Diaz		at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		2021 O
Divisio P.O. Bo	ation Section n of Corporations	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

Indoor Solutions LLC

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Elorida document number	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
N/A	
N/A 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:	NIA
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	N/A
	212
New Registered Office Address:	Enter Florida street address
	City Florida: Code
New Registered Agent's Signature, if changing Registered Agent:	: 🖻 :7
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	to act in this capacity. I further agree to comply with th rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, iJThis document is
If Changin	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
P	Maria M de Queralez Díaz	4906 Luge Ln. Orlando, FL 32829	■Add
			□Remove
			□Change
P	Maria M Diaz Artigas		□Adđ
		4906 Luge Ln. Orlando, FL 32829	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			20 □ Add P2 □ Add P2 □ 7
			□Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Remove
			□ Chanus

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Tectiv	e date, if other than the date of filing: (optional) (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fusiuant to 605.00
<u>ote:</u> li	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cume	nt's effective date on the Department of State's records.
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record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	(- 7)
atad	April 20 2021
aicu _	. 2021
	Maria M Queralez Diaz Signature of a member or authorized representative of a member
	- Maria M Queralez Diaz

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