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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil	Address:	
Email	MUUI ESS.	 _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTELLIGENT TEAM SOLUTIONS, LLC

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JAN 1 8 2022

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ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

Intelligent Team Solutions, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000183365 This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liah	<u>ility company here</u> :	
META-NINE INDUSTRIES, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N STE 7037	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N STE 7037 St. Petersburg FL 33702	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new registered
New Registered Office Address:	Enter Florida street address Florida	ED FR
	City -	Zip Code

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>	<u>Address</u>	Type of Action
AMBR	TAUBE, DEREK R	135 N. 6th St.	□Add
		Brooklyn New York 11249	□Remove
			DAdd
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Remove
			Change

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Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable	te of filing or more than 90 days a statutory filing requirements,	ptional) offer filing.) Pursuant to 605.0207 (3 this date will not be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
Dated January 18	2022		
Margan Pother			
0S	ignature of a member or authorized	d representative of a member	
Morgan Nobl	e		
<u> </u>	Typed or printed na	me of signer	

Filing Fee: \$25.00