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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iTransform LLC
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/08/21}{1000266549}$ and assigned Florida document number $\frac{L21000266549}{1000266549}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Response LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L L.C."
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. <u>enter the name of the new registere</u>
B. If amending the registered agent and/or registered office address on our records. <u>enter the name of the new registered</u>
agent and/or the new registered office address nere.
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code

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

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: If the	ate, if other than the date of date is listed, the date must be speci date inserted in this block does effective date on the Departmer	f filing:(optional) ific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (s not meet the applicable statutory filing requirements, this date will not be listed as th nt of State's records.
he record spec ord is filed.	ifies a delayed effective date, bi	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	February 27	
	Signature	re of a member or authorized representative of a member
		Nat Smith
		Nat Smith Typed or printed name of signee

Filing Fee: \$25.00