Division of Corporations **Electronic Filing Cover Sheet**

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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 : (855)330-1010 Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERTECT, LLC

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Page Count	04
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interfect, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L21000291470		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) or this Limited Liability Company were filed on 06/23/21 and assigned 1000291470 o amend the following: the new name of the limited liability company here: lie and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ddress, if applicable: ST BE A STREET ADDRESS) f applicable: POST OFFICE BOX) d agent and/or registered office address on our records, enter the name of the new registered red office address here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	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 a agent and/or the new registered office address here:	nddress on our records, <u>enter the na</u>	ne of the new registered
		** **
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2 2 E
		PM PF
	City	Zifi Cod 🔨
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>	Address	Type of Action
AMBR	Monroe Mann	7901 4th St N STE 300	X :Add
		St. Petersburg FL 33702 US	□Remove
			⊡Change
			DAdd
			□Remove
			□Change
			⊡Add
			□Remove
			□Change
			□Remove
			□Change
		-140-1	🗀 Add
			□Remove
			□Change
			Remove
			□Change

		1.1111111111111111111111111111111111111
		
		
fective date, if other than the date of filing:	date of filing or more than 90 days a	ptional) ifter filing.) Pursuant to 605.02 this date will not be listed
ecord specifies a delayed effective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the earlier of	(b) The 90th day after the
September 23 2021		2021 SI
Signature of a member or author	Park	2021 SEP 23 PI
<u>-</u>	The supplemental of a manifest	PM12:
Riley Park Typed or printed		2: 2 0:41 0:41

Filing Fee: \$25.00