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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone

≙ax Number

: (407)688-3131 : (888)453-0509

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

## LLC AMND/RESTATE/CORRECT OR M/MC RESIGN INVENTORY PROPERTIES MARKETING LLC

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AUG 20 2023 K. Brumbley

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallaliassee, FL 32303

## **COVER LETTER**

TO: Registration S Division of Co			•		
INVENTO	ORY PROPERTIES MARKET	ING LLC			
SUBJECT:	Name of Lin	nited Liability Company	***************************************		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ED KOTLER				
		Name of Person	a di samangahan da kalangan kanan saman da naman da nama		
	TAX ZONE INC				
		Firm/Company			
	8865 COMMODITY CIR				
	**************************************	Address			
	ORLANDO, FL 32819				
		City/State and Zip Code			
	ACCOUNTANT@TAXZO	NEFL.COM to be used for future minual report mot			
For further information (	concerning this matter, please c		neadony		
ED KOTLER		407 888-3131			
Name of Person		at () Area Code — Daytim	e Telephone Number		
Enclosed is a cluck 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 enclosed)		
Mailing Addre		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of T			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company Florida document number 07/30/2023  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability new name must be distinguishable and contain the words "Limited Liability new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	bility company here:  lity Company," the designation "LLC" or the abbreviation "L.L.C."  6220 S ORANGE BLOSSOM TRAIL  SUITE 151 B				
A. If amending name, enter the new name of the limited liabilities new name must be distinguishable and contain the words "Limited Liabilither new principal offices address, if applicable:	lity Company," the designation "LLC" or the abbreviation "L.L.C."  6220 S ORANGE BLOSSOM TRAIL  SUITE 151 B				
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	lity Company," the designation "LLC" or the abbreviation "L.L.C."  6220 S ORANGE BLOSSOM TRAIL  SUITE 151 B				
Enter new principal offices address, if applicable:	6220 S ORANGE BLOSSOM TRAIL SUITE 151 B				
. ,,	SUITE 151 B				
(Principal office address MUST BE A STREET ADDRESS)	**************************************				
	· · · · · · · · · · · · · · · · · · ·				
	ORLANDO, FL 32809				
Enter new mailing address, if applicable:	6220 S ORANGE BLOSSOM TRAIL				
(Mailing address MAY BE A POST OFFICE BOX)	SUFFE 151 B				
	ORLANDO, FL 32809				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new register.				
New Registered Office Address: 6220 S ORANG	OF BLOSSOM TRAIL SUITE ISLB				
ORLANDO	Enter Florida street address Florida 32809				
New Registered Agent's Signature, if changing Registered Agent:	City Zap Code				

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.

To:

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

Title	Name	Address	Type of Action
MGR	GONZALEZ, JENNY	6220 S ORANGE BLOSSOM TRAIL	□Add
		SUITE 151 B	©Remove
		ORLANDO, FL 32809	\alpha Change
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record specifies a del is filed.	ayed effective date, l	but not an effecti	ve time, at 12:01 a	.m. on the earlier of	: (b) The 90th day :	ifter ti
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