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COVER LETTER

	Innovation Solution LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	Cheyenne Moseley		
Division of Corporations Another Innovation Solution LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzoom.com. Inc. FirmCompany 101 N. Brand Blvd., 11th Floor Address Glendale, CA 91203 City/State and Zip Code dwebster@cnetwork.com E-mail address. (to be used for future annual report notification) or further information concerning this matter, please call: melda Vasquez Name of Person Area Code Daytine Telephone Number Cinclosed is a check for the following amount: Conclosed is a check for the following a			
	Legalzoom.com, Inc.		
	BIECT: Another Innovation Solution LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filling, asserturn all correspondence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzoom.com. Inc. Firm/Company 101 N. Brand Blvd., 11th Floor Address Glendale, CA 91203 CityState and Zip Code dwebster@enetwork.com E-mail address, to be used for future annual report notification) further information concerning this matter, please call: elda Vasquez Name of Person Area Code Daytime Telephone Number closed is a check for the following amount: \$25.00 Filling Fee \$30.00 Filling Fee \$ Certificate of Status Tabliforal Copy is enclosed) Certificate of Status		
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For further information		Same of Limited Liability Company fee(s) are submitted for filing. In this matter to the following: Moseley Name of Person Com. Inc. Firm/Company address CA 91203 City/State and Zip Code metwork.com mail address. (to be used for future annual report notification) atter, please call: at (800) 773-0888 ext. 9724 Area Code Daytine Telephone Number Jount: Jount: Jount: Jount: Jount: Jount: Jount: Jount: Certified Copy Tadditional copy is enclosed)	
Imelda Vasquez		at (
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
N1.1	LINZ CONDECC.	STRFFT/COHRU	FR ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LegalZoom.com, Inc.

To: -18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Another Innovation Solution LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/19/2021}{1}$ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Another Innovative Solution LLC The new name must be distinguishable and end with 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 hubility company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR =	AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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	Typed or printed name of signee	ASSEE.	P 24
	Dave Webster	ECRÉ	1021 SE
	Signature of a momber or authorized representative of a member	<u>.</u> ≱ ∪,	35
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1116			
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