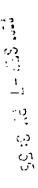


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Special Instructions to Filing Officer:		





09/07/21--01020--012 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Innogine // C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gregory Francoeur Name of Person
Thogine IIC Final Company
11506 Southern Creekdr Address
Gibsonton FL 33534 City/State and Zip Code
Gregory Franceur Dyano Lon E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Greans Francocc at (B13) 464. 1055 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nome of the Limited Liability Con	many as it now unpopers on our records
Name of the Limited Liability Con (A Florida Limite	cd Liability Company)
The Articles of Organization for this Limited Liability Compa	_
Florida document number 1 2100039 1197	•
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li-	ability 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)	<u> </u>
	
	<u>ेड</u> ४०
Enter new mailing address, if applicable:	SET CONTRACTOR OF THE PERSON O
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If any and the manistered court and the manistered office	ယ္
b. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new regist
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 Age	un f

New Registered Agent's Signature, it 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
MGC	Gregory frantoeur	11506 Southern Creek dr	03(Add
		Gibsonton A 33584	□Remove
			□Change
M6r	Tori Hester	11506 Southern Creekdr	ŪŪ Add
		Gibsonton PZ 33534	ПRетюve
			□Change
			□Add
			Remove
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etive date, if other than the date of filing: <u>6-26-</u> effective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicab ment's effective date on the Department of State's records.	date of thing or more than 90 days after thing.) Pursuant to 605.02
ord specifies a delayed effective date, but not an effective time filed.	
Cily Francoeur Riley Francoeur Typed or printed	. •
0.0	
Signature of a member or authorize	zed representative of a member