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2022 JAN 31 AM 9: 35
SECRETARY OF STATE

A. BUTLER FEB 1 8 2022

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
Airdance l	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Inka Cagnasso		
		Name of Person	
	Airdance LLC		
		Firm/Company	
	1675 South Adelle Aven	ue	
	·	Address	
	32720 DeLand, Florida		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
	inkahenriikka@gmail.com	to be used for future annual report notif	(ication)
For further information of	concerning this matter, please ca		
Inka Cagnasso		407 7310202 at ( )	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0		Registration Sec Division of Cor	
P.O. Box 633		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

<u> 2022 JAN 31 AM 9: 35</u>

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on September 15th L AHASSEE, FL and assigned

Florida document number L21000409541

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Inka Henriikka 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)

Deland, FL 32720

1675 South Adelle Avenue

Deland, FL 32720

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

	, Flo	oridaZin Code
New Registered Office Address:	Enter Florida street addres.	s
Name of New Registered Agent:		

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

Airdance LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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
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			□Remove
			□Add
			Remove
			Change
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e record specifies a delayed The 90th day after the reco		ot an effective ti	me, at 12:01 a.m. o	n the earlier c
January 6th	2022	·		
	·			
ju	ia Cugicasso Signature of a member or aut	horized representative	of a member	