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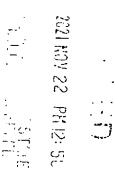
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A. BUTLER
DEC - 9 2021

COVER LETTER

TO:

TO: Registration So Division of Co			
inepro USA			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	J. David Perez		
		Name of Person	
	Name of Person Name of Person Name of Person Name of Person Firm/Company One N.E. 2nd Avenue, Suite 200 Address Miami, F1, 33132 City/State and Zip Code david@xanderlaw.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25,00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)		
		Firm/Company	
	Sof Amendment and fee(s) are submitted for filing.		
		Address	
	Miami, Fl. 33132		
		City/State and Zip Code	
	-		
Par Gerthar information			ification)
TOT RECEIVED AND MARKET	concerning this matter, preuse e		
·	<u>.</u>		
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre			and in a
-		-	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

inepro USA LLC

(Name of the Limited Liability Company as it now appears on his records) 2 1/1/2:55.

The Articles of Organization for this Limited Liability Company	were filed on 09/30/2021 : -	in E and assigned	
Florida document number L21000428517			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	741 Riviera Boulevard		
(Principal office address MUST BE A STREET ADDRESS)	Suite 139		
	Miramar, FL 33023		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Cuita 130		
	Miramar, FL 33023	enter the name of the new registered	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registered	
New Registered Office Address:			
New Registered Office Production.	Enter Florida street address		
	Florid	la	
	City	Zip Code	

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
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
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Effective date, if oth (If an effective date is liste Note: If the date inse document's effective of	d, the date must be spec ted in this block does	itic and cannot be pri s not meet the app	licable statutory fi	more than 90 days aff	tional) er filing.) Pursuant to 60: his date will not be fist	5.0207 (sed as t
he record specifies a de ord is filed.	ayed effective date, b	out not an effective	time, at 12:01 a.n	n, on the earlier of:	(b) The 90th day afte	er the
N		2021	·			
Dated November 17		A / \				
Dated	1.60	und Ce	ely			
Dated	Signatur	re of a member or au	thorized representat	ive of a member		

Filing Fee: \$25.00