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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
inclion LLC						
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	endence concerning this matter	to the following:				
	Allan Gobin					
Name of Person						
	· · · · · · · · · · · · · · · · · · ·	Firm/Company				
	29690 SW 183 Ct					
		Address				
	Homestead, FL 33030					
	177000 (2) (1)	City/State and Zip Code				
	nomad77888@gmail.com E-mail address: (to be used for future annual report no	tification)			
For further information c	oncerning this matter, please c	all:	··			
Allan Gobin		786 200-3396 at ()				
Name o	f Person	Area Code Daytii	me Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address: Registration Sc	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monre	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ineiton LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	ros.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000023129</u>	y were filed on 01/10/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
anclion LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1221 Brickell Ave, Suite 900)
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	
		<u> </u>
Enter new mailing address, if applicable:	1221 Brickell Ave, Suite 900	
Mailing address MAY BE A POST OFFICE BOX	Miami, FL 33131	<u>-</u> .
	-10	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	. }	Florida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
		<u></u>	□Change
			□Add
			-
			Change
			□Add
			□Change
			Remove
			□Change
			⊡ Add
			Remove
			D. Charma

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 24th May, 2024. Signature of a member or authorized representative of a member Allan Gobin

Typed or printed name of signee