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COVER LETTER

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TO: Registration Division of C	Section Corporations				
Ignited S	Services, LLC				
30BJEC1:	Name of Lim	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Jennifer Smoot				
		Name of Person			
	Ignited Services, LLC		je sik d		
		Firm/Company			
	21 S. Anchors Lake Drive			3 3	
	<u> </u>	Address			
	Santa Rosa Beach, FL 324	159	اران رانان	PH 4: 25	6.1
	jensmoot21@gmail.com	City/State and Zip Code	 · r	ન ા	
	_	to be used for future annual report not	titication)		
For further information	n concerning this matter, please ca				
Mitch Smoot		618 969-0406			
Name of Person			ne Telephone Number	_	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ignited Servicess, LLC			
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	now appears on our records.) (Company)	 -	
he Articles of Organization for this Limited Liability Company were filed on March 6, 2024 lorida document number 1.22000043282		_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	ompany here:		
Ignited Services, LLC			
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	* :		
		(C) .	
Enter new mailing address, if applicable:	တို့ရာ ကောက်	TO 4 -	
Mailing address MAY BE A POST OFFICE BOX)	 ਜੁਲ੍ਹ		
		ਨੂੰ ਪਾ	
3. If amending the registered agent and/or registered office addres gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	of the new regist	
		Zin Cods	

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, 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
			□Add
			□Remove
			□Change
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			□Remove
			□Change
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			Change Change Change Change
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ffective date, if other than the an effective date is listed, the date must	date of filing: be specific and cannot	be prior to date (filling or more th	optio an 90 days after I	nal) filing.) Purs	uant to f	505.020
ote: If the date inserted in this bloocument's effective date on the De	ck does not meet the	e applicable sta	tutory tiling req	uirements, this	date will i	not be l	isted a
record specifies a delayed effective is filed.	date, but not an effe	ective time, at 1	2:01 a.m. on th	e earlier of: (b)	The 90tl	h day a	fter the
August 12	202-	l ——- ·					
nted							
	Signature of a member	a. 90 d					

. . .

Filing Fee: \$25.00