L22 000 054851

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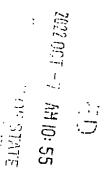
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

121 COLL SUBJECT:	INS, LLC					
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter	-				
	Stuart I. Grossman					
	Name of Person					
	Levine Kellogg Lehman S	chneider + Grossman				
	Firm/Company					
	100 SE 2nd Street, 36th Fl	oor				
		Address				
	Miami, Florida 33131					
		City/State and Zip Code				
	sig@lklsg.com					
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
Stuart 1. Grossman		305 403-2487				
Name of Person		at () Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne 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 (udditional copy is enclosed)			
Mailing Addres Registration S	Section	Street Address: Registration Sec				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

121 COLLINS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/01/2022 __ and assigned Florida document number L22000054851 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 100 SE 2nd Street, 36th Floor New Registered Office Address: Enter Florida street address

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.

City

Miami

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet the a	pplicable statutory	(option or more than 90 days after fifiling requirements, this c	al) ling.) Pursuant to 605.0207 (3 late will not be listed as th
ne record specifies a delayed effectivord is filed.	e date, but not an effect	ive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
Dated October 6	, 2022	·		
	. varjorus			
	Signature of a member or	authorized representa	ntive of a member	