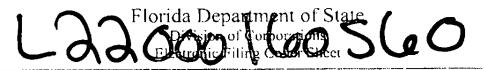
11/18/22, 5:46 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000394878 3)))



		- [-;1]
To:		
	Division of Componations	
	Fax Number : (850)617-6383	SSE SSE
From:		m'S.
	Account Name : WESTON CORPORATE ADMINISTRATION, LLC	71 5. i
	Account Number : I20090000072	:
	Phone : (954)356-2905	111
	Fax Number : (954)337-8346	
Enter	the email address for this business entity to be used for for nual report mailings. Enter only one email address please.	uture •
E.m	ail Address:_clientinfo@cpasasweston.com	
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INLIGHT PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

C. BRUMBLEY
C. BRECHONIC Filing Monu

Corporate Filing Menu

Help

NOV 2 2 2022

For further information concerning this matter, please call:

JACQUELINE F RODRIGUEZ

at (954) 278 - 8041

Name of Person

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Page: 2 of 5

\$25,00 Filing Fee

530.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$60.00 Filing Fee,
 Certificate of Status &
 Certified Copy
 (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ADTICLES OF AMENDMENT

ARTICLESOF					
	TO (((H22000394878 3)))				
ARTICLES OF C	ARTICLES OF ORGANIZATION of 😂				
OF					
INLIGHT PROPERTIES LLC	PRGANIZATION F IN 18 It now appears on our records. Including Company) Were filed on _04/04/2022 and assigned.				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it gow appears on our records.)				
	တို့ရ 🔁				
The Articles of Organization for this Limited Liability Company	were filed on 04/04/2022 and assign				
Florida document number <u>L22000160560</u>	Florida document number L22000160560				
	· 📆 👁				
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	fity Company," the designation "LLC" or the abbreviation "L.L.C."				
	1066 NW 59 ST.				
Enter new principal offices address, if applicable:	MIAMI, FL 33127				
(Principal office address MUST BE A STREET ADDRESS)					
	304 INDIAN TRACE				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 507				
	WESTON, FL 33326				
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new registers				
agent and/or the new registered office address here:					

New Registered Agent's Signature, if changing Registered Agent;

Name of New Registered Agent:

New Registered Office Address:

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

WESTON CORPORATE ADMINISTRATION LLC

777 BRICKELL AVE., SUITE 500-96623

____, Florida <u>331</u>31

Enter Florida street address

To: Page:-3 of 5 . 2022-11-18 22:53:14 GMT From: Jacqueline Rodriguez

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

AGR = Manager MBR = Authorized Member			(((H22000394878 3)))		
<u>Title</u>	Name	Address	Type of Action		
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		- All Control of the	□Change		
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			□Remove		
			Change		

•	(((H22000394878 3)))
D. If amending any other information, enter change(s) here: (Attach addition)	onal sheets, if necessary.)
	The second secon
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	And the second s
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 m Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605,0207 (3Kb g requirements; this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. crecord is filed.	on the earlier of: (b) The 90th day after the
Dated NOVEMBER 18TH 2022	
Dated NOVEMBER 18TH 2022 Signature of a member of authorized representative	
Signature of a member or authorized representative	of a member
CH, ARELLI MARCECA Typed of printed name of signee	
Typed of printed name of signee	

Filing Fee: \$25.00