## L22000187759

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## **COVER LETTER**

	gistration Sec vision of Corp		•		
SUBJECT:		Freediving LLC	•		
SOBILCT.		Name of Lim	ited Liability Company		
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspor	ndence concerning this matter	to the following:		
		Stephanie Goebel			
			Name of Person		
		ZenBusiness Inc.			
			Firm/Company		
	5511 Parkcrest Drive, Ste. 103				
		<del></del>	Address	<del></del>	
		Austin, TX 78731			
			City/State and Zip Code		
		fulfillment@zenbusiness.co			
		E-mail address: ()	to be used for future annual report notif	ication)	
For further i	information co	ncerning this matter, please co	all:		
Stephanie (	loebel c/o Zer	aBusiness Inc.	844 493-6249 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	☐ \$30.00 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inner Peace Freediving LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our rec I Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number 1.22000187759	y were filed on $\frac{02/28/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Inner Peace Holdings LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		relegion of the control of the contr
(Principal office address MUST BE A STREET ADDRESS)		20 4 49
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		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, 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>	<u>Address</u>	Type of Action
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			☐ Change
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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 De	ock does not meet t	he applicable	te of filing or more statutory filing r	(optiona than 90 days after fili equirements, this da	l) ig.) Pursuant to 605.0207 (. te will not be listed as tl
the record specifies a delayed ) The 90th day after the rec		but not ar	n effective tim	ne, at 12:01 a.m	. on the earlier of:
Dated DECEMBER 26	20	)23			
/s/ Andrew DeSloover		·			
	Signature of a memb	ar ar milharian	Communitation of		····

Page 3 of 3

Typed or printed name of signee