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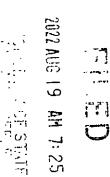
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: | Name of Limi | ted liability Company | |
| The enclosed Articles of . | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | Listi | Name of Person | |
| | | Firm/Company | |
| | 1317 Edge | Address Address | te 4726 |
| | Orlan | City/State and Zip Code | |
| | The Nac | nek Concil. Con | <u>\</u> lication) |
| For further information co | oncerning this matter, please ca | ll: | |
| hri Shi R Name of | Person | at (<u>365</u>) <u>489</u> Daytime | GOGY e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| 52 \$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 S | | Street Address: Registration Sec | ction |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| - The Ink Laur | 196, LLC 2022 Allo 19 AM 7. 75 |
|---|---|
| (Name of the Limited Liability Compa (A Florida Limited I | nyal it now appears on our revorts:) All 7: 25 Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22002U23U1</u> . | were filed on 6 8 9622 FE. F. and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | ility company here: |
| NA | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | NA |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | NA |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | IA |
| New Registered Office Address: | Enter Florida street address |
| | 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 |
|--------------|----------------|----------------------------------|-----------------|
| MER | Kristen Himmel | 1317 Edgewater Dr. | □Add |
| | | 1317 Edgewater Dr. Svite 4726 | D Remove |
| | | Orlando, FL 32804 | □Change |
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| an effe ote: | ve date, if other than the date of filing: |
| ecoro is fil | I 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 ed. |
| ated | August 16 2022. |
| | L Ball |
| | Signature of a member or authorized representative of a member |
| | Varia Chin |
| | Typed or printed name of signee |