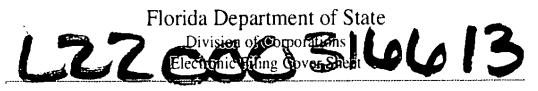
Division of Corporations



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.

(((H22000278378 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			
LIBALL	Addless			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE INSIDER NETWORK LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

406 1 8 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)	
(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	and assigned
Florida document numberL22000316613	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
THE INSIDE NETWORK LLC	
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 na	me of the new registered
agent and/or the new registered office address here:	202
	2 AL Cold
Name of New Registered Agent:	
New Registered Office Address:	\$5 7 EX
Enter Florida street oddress	
, Florida _	<u> </u>
Сіту	Zp Com

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 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
			DAdd
			Remove
			Change
			□Add
			□Remove
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			□Remove

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. the record 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 cord is filed. Dated August 16th 2022 Signature of a member or authorized representative of a member		·
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	Dated August 16th 2022	
Signature of a member or authorized representative of a member		
·	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee