L22000321271

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(Ad	idress)	
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3/20/23 V.M.

SECRETARY OF STATE

TEED

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	IN PRINIS	LLC		
SUBJECT:		Name of Lin	nited Liability Company	-
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ALI EL BOUOMRANI		
			Name of Person	
			Firm/Company	
		(521 COOLY VIII) CT	Address	
		6521 GOODLIFE ST		-
		FORTMYERS .FL 33966	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For further in	nformation co	oncerning this matter, please ca	all:	
ALI EL BOU	·		513 5050946 at ()	<u> </u>
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IN PRINIS L		
(<u>Name of the Limited Liab</u> (A Flor	illity Company as it now appears on our reco ida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on 07/20/2022	and assigned
Florida document number L22000321271		Ç
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
IN PRIMIS LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	20
		23 J
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SSET P
		Es F
		5
B. If amending the registered agent and/or register	ed office address on our records, <u>ente</u>	r the name of the new registere
agent and/or the new registered office address here	:	
New CN D 1		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
		lorida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:	·	
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

			
			
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tote. If the date inscribit in th	the date of filing: must be specific and cannot be price is block does not meet the appl the Department of State's record	(option to date of filing or more than 90 days after icable statutory filing requirements, this.	ional) r filing.) Pursuant to 605.02 is date will not be listed a
record specifies a delayed effort is filed.	ctive date, but not an effective	time, at 12:01 a.m. on the earlier of: (}	o) The 90th day after th
07/29	2022		
0		<u> </u>	
- FGID	بھے میں	horized representative of a member	
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