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Florida Department of State

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(((H22000331525 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VM-SOFT TECH LLC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help Williams

Registration Section

TO:

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COVER LETTER

Division of Corporations VM-SOFT TECH LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60,00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30,00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

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

9/26/2022 20:04:23 CDT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	I-SOFT TECH LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears ida Limited Liability Company)	on our records.)	
(1110)	(m. 12)		
The Articles of Organization for this Limited Liability	Company were filed on	09/20/2022	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
IVENTRA LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company." the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			

B. If amending the registered agent and/or register	rod affice address an our re	cords enter the nai	ne of the new register
agent and/or the new registered office address here		eoria, <u>errer erre 1131</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da stroet address	
		1212.1	
	Cuy	, Florida	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:		
-			
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of a gent as provided for in C cred office address, I hereb	my duties, and Lam hapter 605, F.S. Oi	familiar with and , if this document is
	If Changing Registered Age	ent, Signature of New R	egistered 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: (((H22000331525 3)))

MGR =	Manager	
AMBR =	Authorized	Member

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