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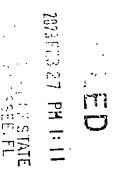
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R. HUNT 02/2+123

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT:	The Ink No	Hary LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Domicle	n Callera Name of Person	
		k Dolain Firm/Company	
	1225 N C	Dickham Rd AF	tication) PAT
	Melbound	FL 32935 City/State and Zip Code	3 27 F
	<u>Claniela Gre</u> E-mail address: (CN 23 Qanal (On) to be used for future annual report noti	tication)
For further information c	oncerning this matter, please c	all:	m —
Daniela Gre	cn	at (<u>780</u>) <u>420</u> - Area Code Daytim	9127
Name o	of Person	Area Code 17ayum	ie Telephone Number
Enclosed is a check for the			
□ \$25.00 Filing Fee	\$\infty \\$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Int Notary (Name of the Limited Liability Compa (A Florida Limited)	uny as it now appears on our records Liability Company)	<u>~1</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300051845</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The Ink Wotasi & Immigi The new name must be distinguishable and contain the words "Limited Liabi	Takion LLC Tity 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)	- · · · · · · · · · · · · · · · · ·	28 23 23
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, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	. Flo	orida Zw Code
	e tiv	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniela Green	1225 D wickham [2d □Add
		APT 324 Melbourne Fo	/ □Remove
		32935	KGChange
			□Add
			□Remove
			Change Change Add:
		SE SIATE	Rēmove
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ffective date, if other to an effective date is listed, the oter of the date inserted ocument's effective date	ne date must be specific : in this block does no	and cannot be prio of meet the applic	cable statutory fi	r more than 90 day:			
record specifies a delayed is filed.	d effective date, but r	not an effective t	ime, at 12:01 a.r	n, on the earlier	of: (b) The	90th da	y after
nted <u>02 /</u>	21	23 }					
	Signature of	a member or suit	norized representat	ive of a member			