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Fax Number : (850)617-6383

From:

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

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Help T. LEMIEUX

JUL 13 2023

COVER LETTER

TO:		ation Sec of Corp		**	₹
SUBJE	CT:	Â	IAM	ITEMPL LLC	•
SUBJE	.CI:		Name of Lim	nited Liability Company	
The en	closed Art	icles of A	mendment and fee(s) are sub	united for filing	
			dence concerning this matter	-	
			LOVETTE DOBSON		
				Name of Person	<u> </u>
				Firm/Company	
			17,350 STATE HWY 249	STE 220	
				Address	
			HOUSTON. TX 77064		
				City/State and Zip Code	
			E-mail address: (to be used for future annual report no	(ification)
For furt	her inforu	nation co	ncerning this matter, please ca	all:	
LOVE	LLE DOR	SON		888-462-34	453
		Name of	Person	Area Code Daytii	me Telephone Number
Enclose	ed is a che	ck for the	following amount:		
≡ \$2:	5,00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations		Street Address: Registration S	ection		
		Division of Co	orporations		
		ox 6327 issee, Fi	L 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IAMTEMP	L LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	02/08/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			22
			<u>.</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the nar</u>	ne of the new register
			. 3
Name of New Registered Agent:			· :
			· t_
New Registered Office Address:	Enter Florie	la street address	
·	12.77		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this co performance of n provided for in Ci	ny duties, and I am hapter 605, F.S. Or	familiar with and , if this document is
If Chw	nging Registered Age	nt, Signature of New Ro	rgistered 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
AMBR	SAMANTHA REED	7775 SHERATON CIR	
		BOYNTON BEACH, FL 33436	≣Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗆 Add
			Remove
			□Add
		• M.	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

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	. (
	*** ***********************************	
Effective date, if other than the diameter date is listed, the date in Note: If the date inserted in this I document's effective date on the listed	block does not meet the applica	(optional) to date of filing or more than 90 days after filing (Pursuant to 605,0207 able statutory filing requirements, this date will not be listed as
the record specifies a delayed effect and is filed	ive date, but not an effective tir	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2023	<i>-</i>
	Λ	stin Parken
	Signature of a member or author	rized representative of a member
	Dustin	Parker

Filing Fee: \$25.00

Typed or printed name of signee