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Division of Corporations

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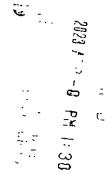
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## INEX SOLUTIONS LLC

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T. LEMIEUX MAY 0 9 2023 Registration Section

Tallahassee, FL 32314

TO:

#### COVER LETTER

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Division of Corporations INEX SOLUTIONS 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, #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: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	INEX SOLUTIONS LLC	
(Name of the Limi	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number 1.23000131400	iability Company were filed on 03/14/2023	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and comain the v	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
		202
B. If amending the registered agent and/or p	registered office address on our records, enter the	دے ب
agent and/or the new registered office addre		20 - 27 - 27 - 28 - 27 - 28 - 27 - 28 - 27 - 28 - 28
Name of New Registered Agent:		-0 C
New Registered Office Address:		07. 7.
The state of the s	Enter Florida street aidress	
	Florid	a
	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 Changing Registered Agent, Signature of New Registered 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: (((H23000167976 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	William Faulk	701 Fort Christmas Rd	<b>=</b> Add
		Chuluota, FL 32766	
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			□Remove
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Effective date, if other the lit in effective date is listed, the d	an the date of filing:		1 1 1 m m m m m m m m m m m m m m m m m	_ (optional)	. 114 45 74 75
Note: If the date inserted in document's effective date on	this block does not me	ect the applicable.	statutory filing requirem	ents, this date will not be	listed as
c record specifies a delayed e let is filed	Hective date, but not a	m effective time, r	u 42/04 a.m. on the earli	er of: (b) - The 90th day (	ifter the
Dated May 05		2023	ı		
ratest		That I.			
	Signature of 1 m.	-Mistria	representative of a member		

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Typed or printed name of signer