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PICK-UF)	☐ WAIT	!	MAIL
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A. RIVERS

11.11

COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	NNELL	E LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	INGA	IFRAIMOVA	
		Name of Person	
	. 🕳 😁		
		Firm Company	
	3140 S	Ocean de ?	# 801
		Address	
	Mallano	Cale Beach, 1 City/State and Zip Code	FL 33009
	TNGA_IF E-mail address: (A I MOVA @ yakoo to be used for future annual report no	. com tification)
For further information co	ncerning this matter, please c		
TUCH T	Can I waza	646 322	-8875
INGA I	Person	at (<u>646)</u> 327 Area Code Daytin	me Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing 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		Street Address:	
Registration S Division of Co		Registration Se Division of Co	
P.O. Box 6327	•	The Centre of	•
Tallahassee, F			oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INN	ELLE	LLC		
(Name of the Limi	ited Liability Company (A Florida Limited Liab	as it now appears on oility Company)	our records.)	
The Articles of Organization for this Limited L Florida document number <u> </u>		ere tiled on <i>O</i>	1/28/23	_ and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of the new name of the new name must be distinguishable and contain the selection of the new principal offices address, if applied the enter new principal office address MUST BE A STREET	TFRA / words "Limited Liability cable:	MOUR	LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>- BOX)</u>		,	
B. If amending the registered agent and/or agent and/or the new registered office addre		lress on our reco	ds, <u>enter the name o</u>	f the new registere
Name of New Registered Agent:	ING	A IFR	PAIMOVA	ੁੱ ਹ
New Registered Office Address:		 Enter Florida s	treet address	
		- Cuv	, Florida	Zin 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
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Note:	ve date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	05/10/23.
	<u> </u>
	Signature of a member or authorized representative of a member
	INGA IFRAIMOVA
	Typed or printed name of signee