

L23000226523

(Requestor's Name)

(Address)

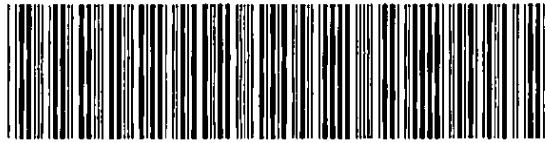
(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL



700416342737

09/26/23--01035--012 \$25.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 SEP 26 PM 5:06

✓

COVER LETTER

TO: Registration Section
Division of Corporations

Augmented Info Systems 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:

Tierra W

Name of Person

zenbusiness inc

Firm/Company

5511 parkerest drive, ste 103

Address

Austin, TX 78731

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tierra W

844 493-6249

Name of Person

at (_____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Augmented Info Systems LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/08/2023 and assigned Florida document number 123000226523.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

747 SW 2nd Avenue	2023
IMB 49	SEP
Gainesville, FL 32601	26
	PM
	5:06

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

747 SW 2nd Avenue	2023
IMB 49	SEP
Gainesville, FL 32601	26
	PM
	5:06

B. If amending the registered agent and/or registered office address on our records, enter 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

_____ **Florida** _____
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 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 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>	<u>Type of Action</u>
AMBR	Austin Jerald Stanbury	1240 Southwest 11th Lane	<input type="checkbox"/> Add
		Apt. B109	<input checked="" type="checkbox"/> Remove
		Gainesville, FL 32601	<input type="checkbox"/> Change
AMBR	Ines Said	719 SW 5th Ave	<input type="checkbox"/> Add
		Apt 105	<input type="checkbox"/> Remove
		Gainesville, FL 32601	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 SEP 26 PM 5:06
SCHOOL DISTRICT OF FALLBROOK, CALIFORNIA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 19, 2023

/s/ Ines Said

Signature of a member or authorized representative of a member

Ines Said

Typed or printed name of signee