

L23000260637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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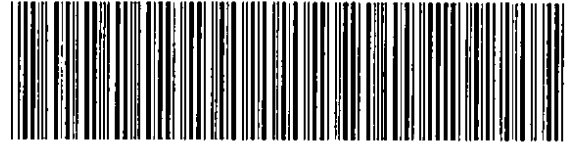
(Business Entity Name)

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06/30/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INNORIGHT SOLUTIONS LLC
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:

ANANTHA L MANTRIPRAGADA

Name of Person

INNORIGHT SOLUTIONS LLC

Firm/Company

6134 JASMINE VINE DR

Address

PORT ORANGE, FLORIDA - 32128

City/State and Zip Code

ANANTHA.MANTRIPRAGADA@INNORIGHT.COM

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

For further information concerning this matter, please call:

ANANTHA L MANTRIPRAGADA

386

5066630

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

INNORIGHT SOLUTIONS LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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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.

Dated JUN 27th 2023

Refrased

PRASAD S PASUMARTHI

Filing Fee: \$25.00