## L23000292815

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ZOZ3 JUL 19 AMII:51 SECPCIARY OF STATE

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TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC 1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Thursday, July 13, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: IMLISTENING2YOU, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call \$00-638-2320

## Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

## **COVER LETTER**

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TO:	Registration Se Division of Cor				•
SUBJ	ECT: IMLISTE	NING2YOU, LLC			
	111111111111111111111111111111111111111	Name of Limi	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Corpora	ate Maintenar	nce Lead	<u></u>
			Name of Person		
		Proc	essing Depar	tment	
			Firm Company		
		1	450 Vassar	St	
			Address		
			Reno, NV 8950	)2	
		<del></del>	City State and Zip Code	:	<del></del>
		jduf E-mail address: ()	f147@hotmail.com to be used for future annua	d report notifica	tion)
For fu	rther information c	oncerning this matter, please co		·	
	Process	ing Department	at ( 800 ) 6	38-2320	
		f Person	Area Code	Daytime To	dephone Number
Enclo:	sed is a check for th	ne following amount:			
Ø \$3	25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is et		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS; ration Section in of Corporations ox 6327	Registra Divisio	ET/COURIER ation Section n of Corporatio Building	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMLISTENING		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/16/23	and assigned
Torida document number L23000292815		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previatio
Enter new principal offices address, if applicable:	450 N. Federal Hwy Unit 611N	
Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FL 33435	5
Enter new mailing address, if applicable:	450 N. Federal Hwy Unit 611N	
Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach, FL 33435	<del>-</del>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy . Fiorida	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Jennifer Hepler	450 N. Federal Hwy Unit 611N	
		Boynton Beach, FL 33435	Remove
			☐ Change
			Remove
			Change
			Remove
			☐ Change
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i effective da		pecific and cannot be prior to di	(optional) te of filing or more than 90 days after filing.) Pursuant to 6	
	late inserted in this block d Tective date on the Depart		statutory filing requirements, this date will not be li	sted
	pecifies a delayed eff day after the record		n effective time, at 12:01 a.m. on the ear	·lier
ed	7/3	2023		
· -		2023 	au	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00