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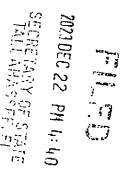
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

INTELCSS	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arn Seasnan Palacios		
	**	Name of Person	
	INTELCSS LLC		202 SE
		Firm/Company	TAL
	15017 N DALE MABRY	HWY #1285	2023 DEC 22 PH 4: 40 SECRETARY SEES FOR
		Address	7. P.
	TAMPA, FL 33618		のの一切
	,	City/State and Zip Code	一
	ArnPalacios@outlook.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Arn Seasnan Palacios		727 768-9144 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L23000312714	Company were filed on 06/29/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ECIPHERS LLC		20 S
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "	
Enter new principal offices address, if applicable:		Same April A
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
	-	S9 2 14
Enter new mailing address, if applicable:		- TH 0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		iter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		Elouido
	City	, Florida

New Registered Agent's Signature, if changing Registered Agent:

INTELCSS LLC

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Rетюче
			Change
		 	□Add
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ective date, if other than the date effective date is listed, the date must be sp	of filing:			_ (optional)	
effective date is listed, the date must be sp te: If the date inserted in this block do	secitic and cannot be oes not meet the a	e prior to date of fi applicable statute	ling or more than 90 c	lays after filing,) Purst	iant to 605.020 ot be listed a
rument's effective date on the Departn					
cord specifies a delayed effective date s filed.	, but not an effect	tive time, at 12:0	l a.m. on the earli	er of: (b) The 90th	day after the
ted 12-19.23	,	·			
	As				
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