Division of Corporations

(((H23000282239 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068 Phone : (407)344-1012 Fax Number : (407)344-1371

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **INFERENCE LABS9 LLC**

Certificate of Status	0
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Page Count	01
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFERENCE LABS9 LLC	٨.	
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L23000371319	Liabílity Company were filed on 08/07/20	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	(BOX)	
		27
		<i>الب)</i> سب
B. If amending the registered agent and/or		ls, enter the name of the new registers
agent and/or the new registered office addre	ess nere:	ω).
		<u>></u>
Name of New Registered Agent:		
New Registered Office Address:	1016 E OSCEOLA PARKWAY	
	Enter Florida st	reel address
	KISSIMMEE	, Florida ³⁴⁷⁴⁴
	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 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
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			
			☐ Change
		□ Remove	
			□Change
			[JAdd
			□Remove
			□Change
			□Add
			□Remove
			[]Change

,, 11 41 1	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
_	
(If an eff Note:	ive date, if other than the date of filing: [cetive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as dent's effective date on the Department of State's records.
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 led.
Dated	Signature diamember or authorized representative of a member
	(alp).
	Typed or printed name of signee

Filing Fee: \$25.00