## L23000416564

(Re	questor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	
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2023 SEP 25 PM 3: 36





### \*\*\*IMPORTANT NOTICE\*\*\*

# PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

## INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

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: Wednesday, September 13, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: INTO THE MORE, 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 800-638-2320

### 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**

Registration Section

TO:

Division of Corporations				
SUBJECT: <u>INTO TH</u>	- MORE LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of 2	Amendment and fee(s) are sub	mitted får tiling		
		•		
Please return all correspor	idence concerning this matter	to the following:		
	Corpor	ate Maintenance Le	ad	
	<del></del>	Name of Person		
	Proc	essing Department		
		Firm/Company		
	1	450 Vassar St		
		Address		
		Reno, NV 89502		
		City State and Zip Code		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information co	neerning this matter, please ca	all:		
Dragosi	na Danartmant	000 000 000		
Processi Name of	ng Department	at ( 800 ) 638-2320 Area Code   Daytim	e Telenhone Number	
Enclosed is a check for th	e 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)	
Registra Division P.O. Be	NG ADDRESS: ation Section t of Corporations to 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTO TH	E MORE, LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rec ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 09/06/23	and assigned
Florida document number L23000416564		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "I	.f.C" or the abbreviation "flC."
Enter new principal offices address, if applicable:	<del></del>	<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u></u>	2023
		<b>₩</b>
		2
Enter new mailing address, if applicable:		. O 1
Mailing address MAY BE A POST OFFICE BOX)		, <u>1</u> %
The state of the s		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	Means
	глиет в потща муся да	aress
	City	FloridaZip 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_	Guanita Ceron	170 High Country Drive	Add
		Lafayette, CO 80026	
			Change
<u>MGR</u>	Juanita Ceron	170 High Country Drive	
		Lafayette, CO 80026	Remove
			☐ Change
	<del></del>		
		<del></del>	Remove
			☐ Change
			Add
			☐ Remove
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		<del></del>	☐ Change
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			□ Change

	ending any other information, enter change(s) here: Attach additional sheets, if necessary ,
•	
Note	tive date, if other than the date of filing: N/A  (loptional) (feetive date is listed, the date must be specific and carnot be prior to diag of filing or no redictive days of or filing of the colling of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records
the r ) Th	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of e 90th day after the record is filed.
Date	SEPTEMBER 13 2023
	Signature of a member or authorized representativefold member
	, ===-

Page 3 of 3

Filing Fee: \$25.00