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SECKE AND SEE SAID

S. ROBERTS
MAR 0 3 2025

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:		istration Sec ision of Corp					
SUBJE	CT:	Iman	DNA	Services Name of Limite	Agency I Liability Company	22.0	
The end	losed	Articles of A	Amendment and	fee(s) are submi	tted for filing.		
Please r	eturn	all correspor	ndence concerni	ng this matter to	the following:		
			<u>Ja</u>	bnyyal	Pollock Name of Person		
					Firm/Company		<u> </u>
			290	1 SW 2	Address	Jp.1. 308	
				<u> Icaja, Fi</u>	City/State and Zip Code O hotman De used for future annual	<u>/</u>	
			<i>]ry</i> E	an yyah -mailaddress: (to l	e used for future annua	. Com al report notification	i)
For furt	her in	formation co	ncerning this m	atter, please call:			
([ab	nyyah Joname of	Pollucy Person	K	at (<u>229</u>)_ Area Code	405 - 58 Daytime Telep	P24 whone Number
Enclose	d is a	check for the	e following amo	ount:			
5 ₩\$25	5.00 F	iling Fee	□ \$30.00 Fili Certificat	ing Fee & e of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg	ling Address istration Si ision of Co			Regist	Address: ration Section on of Corporati	ions

RECEIVED

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

FEB 28 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ima DNA Jernier	Henry	LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now app nited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on _	11/20/2023	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :		
Inanyyah Enterprise U The new name most be distinguishable and contain the words "Limited	C			
The new name most be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC" or the	he abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			20 2	
(Principal office address MUST BE A STREET ADDRES	<u></u>			<u> </u>
			AHA 1-6	7
			N-6 AM	177
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			m a	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our	records, <u>enter the r</u>	name of the no	ew registered
Name of New Registered Agent:	• • • • • • • • • • • • • • • • • • • •		<u></u>	
New Registered Office Address:				
	Enter F	lorida street address		
<u></u>		, Florida	ı	
	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			DAdd
			Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
		.	□Add
			□ Remove
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			□ Change

Page 2 of 3

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Note:	ve date, if other than the date of filing:
) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	February 24, 2025. Signature of a member or authorized representative of a member
	Strolly
	Signature of a member or authorized representative of a member