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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•	
Brikta Ingle	es LEC		
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:	
	Krista Ingles		
		Name of Person	
			Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
	14653 Sutherland Ave	Firm/Company	
		Address	
	Naples, FL, 34119		
	krista.ingles13@gmail.com	City/State and Zip Code	
	• •	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Krista Ingles	oncerning and matter, preuse e	740 357-3739	
C		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration 9 Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	-
Tallahassee, I		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brikta Ingles LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

L23000526745

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Krista Ingles LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street ada	tress
	Circ	FloridaZin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			Remove
			□Change
			□Add
			□Remove
			□Change

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F ffectiv	ve date, if other th	han the date of fi	12/28/2023 ling:			(ontional)	
lf an effec <u>Note:</u>	ctive date is listed, the If the date inserted in ent's effective date of	date must be specific in this block does no	and cannot be prio of meet the applic	r to date of filing of cable statutory fi	r more than 90 day	s after filing.) Purs	
	ord specifies a d			ot an effectiv	e time, at 12	:01 a.m. on t	he earlier of:
	90th day after t	the record is file	ed.				
The 9	90th day after t December 15	the record is file	ed. 2023				
The 9		the record is file		·			
The 9			2023	 V1/4/	,		
The 9					tive of a member		