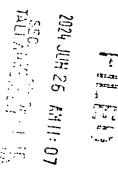
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(Reques	itor's Name)
(Addres:	s)
(Address	s)
(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	) Officer:
M	ils





06/09/24--31027--300 ••33.00



# **COVER LETTER**

r .

TO: Registration Section Division of Corporation			
SUBJECT: In	ih Brow Ce	ntral LLC	
		ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		Soto Morales Name of Person	
	INH Br	OW CENTRAL L	
	12238	Buckingham	Way_
		Hill, FL 3461  City/State and Zip Code  Dentral @gmail  to be used for future annual report notifi	
For further information con	cerning this matter, please ca		,
	<del>"</del>	at (352) 584 Area Code Daytime	- 4933 Telephone Number
Enclosed is a check for the	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)
Mailing Address		Street Address:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ink Bro	ow Central LLC	
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)	)
The Articles of Organization for this Limited Liab Florida document number <u>L 24000</u> 3	ility Company were filed on 6-7-2	Day and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
		2021 FAT
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.G."
Enter new principal offices address, if applicab	le:	N interes
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		07
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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 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
<u> 16R</u>	Jessica Soto Morales	12238 Buckingham Wa	4 MAdd
		Spring Hill, FL 34609	_ □Remove
			_ 🗆 Change
VP_	Jamie Soto Morales	12238 Buckingham Way	🗆 🗅 🛆 dd
		Spring Hill, FL 34609	
			□Change
			□ Add
			∐Remove
			Change
	···		🗆 Add
			□Remove
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effective date is list te: If the date inso		pecific and cannot oes not meet the	be prior to date o applicable stat	l filing or more thar		) g.) Pursuant to 605.0207 e will not be listed as
cord specifies a de s filed.	layed effective date	e, but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b) T	he 90th day after the
cd 6.22	)	, 20	<u>au</u> .			
	Jesse Consignation	Sorto	MS Q QQ or authorized rej	presentative of a mo	ember	
	V					
	Jessica					

Filing Fee: \$25.00