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PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	<u> </u>
(Docur	ment Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to Fili	ng Officer	
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Office Use Only



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12

COVER LETTER

Registration Section

Division of Corporations

TO:

	RE SOLUTION LLC		
SUBJECT:	Name of Limi	aed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KANTA GOEL		
		Name of Person	
	INNOSPHERE SOLUTIO	NELC	
		Firm/Company	
	1410 Lone Feather Trl		
		Address	
	Winter Park, FL. 32792		
		City/State and Zip Code	
	neerajgoel@msn.com		<u></u>
	E-mail address: (to be used for future annual report not	(fication)
For further information c	oncerning this matter, please c	all:	
Kanta Goel		407 8009995	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a cheek for t	he 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sc	
Division of C	•	Division of Co	
P.O. Box 63: Tallahassee		The Centre of 7415 N. Monro	rananassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOSPHERE SOLUTION LLC (Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company) 2024 SEP 24 AH 1: 28 The Articles of Organization for this Limited Liability Company were filed on $\frac{7/26/2024}{1}$ Florida document number $\frac{1.24000331671}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 address

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
AMBR	Kanta Goel	1410 Lone Feather Trl. Winter Park, FL 32792	■Add
			□Remove
			□Change
MGR	Neeraj Goel	1410 Lone Feather Trl, Winter Park, Fl. 32792	≡ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Remove
			□Change
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			□ Change

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