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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

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COVER LETTER

TO: Registration Section **Division of Corporations** INFLA USA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: GUSTAVO ALEJANDRO RODRIGUEZ URDANETA Name of Person INFLA USA ELC Firm/Company 3100 NW 72ND AVE SUITE 122 Address MIAMI, FL, 33122 City/State and Zip Code GUSTAVOARU19@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GUSTAVO ALEJANDRO RODRIGUEZ URDANETA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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**

INFLA USA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>09/19/2024</u>	and assigned
Florida document number L24000409777		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the naw register.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre	e to act in this capacity. I furth	er agree to comply with th

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.

From RC TAX SERVICE

To: Division of Corporations Page: 4 of 5 2924-10-08 20:28 37 GMT 14075205473 From RC TAX SEE Doccisign Envelope ID: F5ABFADB-F7FD-4A92-BB51-6C8FB147971A maintenanting Authorized rerson(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	Rodriguez Urdaneta, Gustavo A	2200 SAN VITTORINO CIR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		APT 102	□Remove
		KISSIMMEE, FL, 34741	≣Change
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From RC TAX SERVICE

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Effect	ve date, if other than the date of filing:
Note:	ve date, if other than the date of filing:
he recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	10/8/2024
	Ober 1 sign and by:
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee