L25000073188

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Name Change

JULE 4 2025 D CUSHING

COVER LETTER

TO:		istration Sec ision of Corp		, <i>t</i>						
	ý Martin	SMILEY PA								
SUBJI	:C1:	T:Name of Limited Liability Company								
			Amendment and fee(s) are subtributed concerning this matter t							
			Arjun Mahadevan							
				Name of Person	-					
Distributed Inc.										
Firm/Company 115 West 27th Street #10R										
	NY, NY 10001									
			filings@doola.com	City/State and Zip Code	- r_;					
		to be used for future annual report notification)								
					` . 					
For fur	rther i	nformation co	oncerning this matter, please ca	ill:	٠ ان					
Arjun	Maha	devan		at ()						
	_	Name of	l Person	Area Code Daytime Telephone Number						
Enclos	sed is	a check for th	ne following amount:							
≡ \$2	25.00 Filing Fee		☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, rate of Status & d Copy al 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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.)	
(A Florida Limited	Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on <u>02/11/2025</u>	and assigned
lorida document number <u>L25000073188</u>		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
.1.C Construction L1.C		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		~ <u>} </u>
		•
Enter new mailing address, if applicable:		<i>C</i> .7
• • • • • • • • • • • • • • • • • • • •		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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:

AMBR = Authorized Member Type of Action Address Title <u>Name</u> ____ □ Add _____ □Change _____ Remove ______ □ Add □Remove \square Add _____ □Remove

MGR = Manager

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1358.5			· · · · · · · · · · · · · · · · · · ·	
				
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to lock does not meet the applical			
e record specifies a delayed effectived is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the ear	flier of: (b) The 90th day after t	he
Dated 8th April	2025	_ •		
	1 11	1		
	Signature of a member or author	Ve-		