M2100011348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FALLAHASSEE, FLORD 2322 JUN - 3 AM (0: 2 RECEIVED 2022 JUN - 3 AM 8: 42

of 6/8/2022



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE	6/03/2022

WALK IN

ENTITY NAME INTERMX LLC

DOCUMENT NUMBER_____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXX

Plain Copy Certified Copy Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Statas Certificate of Statas Reflecting:

APOSTILLE' / NOTARIAL CERTIFICATION

TOTAL OWED S 25.00	ACCOUNT # 120160000072 4: 1201
Please call Tina at the above number for any iss	rues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: INTERMX LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaine Brasch

Name of Person

INTERMX LLC

Firm/Company

3423 Piedmont Rd. NE,

Address

Atlanta, GA, 30350

City/State and Zip Code

ebrasch@braschlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgina Vega, Ass. Secretary at (800) 5674397

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

S25 Filing Fee

ST the following amount S30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy S60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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RECEIVED 2022 JUN-7 AM 10: 43

FLORIDA DEPARTMENT OF STATE

June 6, 2022

· '<u>,</u> · ·

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: INTERMX LLC Ref. Number: M21000011348

C. FRECL W Please Allow For Same File Date

We have received your document for INTERMX LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00012592

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION	l (1-4 must be completed)	2022 JUN - 3 AM 8: 42
 Name of limited liability Company as it appears State: INTERMX LLC 	on the records of the Florida Dep	artment of 1 artment 1
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		
2. The Florida document number of this limited lia	bility company is: M210000	011348
 Jurisdiction of its organization: Georgia Date authorized to do business in Florida: 8/2 		
SECTION II (5-9 complete only the applicable of 5. New name of the limited liability company: $\frac{N}{(must)}$	hanges)	onal , LLC any. " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company." "L.L.C	haging members adopting the alter	iness in Florida and attach a nate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	d officer address on our records, <u>c</u> ldress here:	inter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida S	Steent Address
	City	_, Florida Zip Code
<u>New Registered Agent's Signature, if changing Re</u> I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as regist	at and agree to act in this capacity and complete performance of my	aunes, ana r am faminar win

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.

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
]Add
			Remove
			Add
		<u></u>	Remove
			Add
			Remove
			🗋 Add
			Remove
			Add
			Remove
aforemention	i certificate, if required: no more than 90 d ned amendment(s), duly authenticated by t inder the law of which this entity is organi	he official having custody of records in the	2
	Ryan Kinskey , Member		

Typed or printed name of signee

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFIED COPY

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

Motionworks International, LLC a Domestic Limited Liability Company

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number: 23227527Date Inc/Auth/Filed:07/07/2017Jurisdiction: GeorgiaPrint Date: 06/02/2022Form Number: 215



Brad Raffinger

Brad Raffensperger

• • • •

Control Number: 17074852

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Intermx LLC a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 05/24/2022 changing its name to

Motionworks International, LLC a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 05/31/2022.



Brad Rafforsperger

Brad Raffensperger

ARTICLES OF AMENDMENT

Electronically Filed Secretary of State Filing Date: 5/24/2022 12:44:41 PM

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Article 1		
Business Name	: Intermx LLC	
Control Number	: 17074852	
Article 2		
The date the original articles	of organization were filed was: 07/07/2017	
Article 3		
The entity hereby adopts an a	mendment to change its name to the following new business name:	
New Business Name	: Motionworks International, LLC	
Effective Date	: 05/24/2022	
Authorizer Information		<u> </u>

Authorizer Signature : Ryan Kinskey

Authorizer Title : Member