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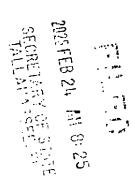
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COVER LETTER

TO: Registration Se Division of Cor					
	ENT MODERN SOLUTIONS	s, LLC			
SUBJECT:	Name of Lim	ited 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:			
	ROBIN J BRANDL				
		Name of Person			
	INTELLIGENT MODER	N SOLUTIONS, LLC			
		Firm/Company			
	1156 HIDEAWAY DR N				
		Address		202 SE	
	SAINT JOHNS, FL 32259)		2025 FEB 24 SEGRETAR TALLAR	
		City/State and Zip Code		321	
	robin@intelligentmodernso				
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report note all:	fication)	100 E	
ROBIN J BRANDL		904 3184419 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor	porations		
P.O. Box 632	.7	The Centre of Tallahassee			
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 81	U	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTELLIGENT MODERN SOLUTIONS, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" (or 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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	City	ida 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 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
MGR	ROBIN J BRANDL	1156 HIDEAWAY DR N	= Add
		SAINT JOHNS, FL 32259	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			□Add
			□Remove
			□Change

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<u>ote:</u> li	the date inserted in this block does	not meet the	applicable stati	itory filing requ	irements, this da	ite will not be lis	sted a
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ecord is file	specifies a delayed effective date, b	at not an effec	tive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day att	ter in
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	Signatur	of a member of	or authorized repr	esentative of a m	ember		

Filing Fee: \$25.00