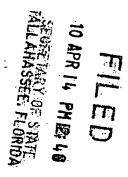
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D. BRUCE
APR 15 2010
EXAMINER

## **COVER LETTER**

£. 8

SUBJECT: INNOVATIVE DISTRIBUTORS,LLC.  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    RICHARD ATKINSON
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  RICHARD ATKINSON Name of Person  INNOVATIVE DISTRIBUTORS, LLC. Firm/Company  1440 CORAL RIDGE DR #372 Address  CORAL SPRINGS, FLORIDA, 33071  City/State and Zip Code  RATKIZ@AOL, COM
Please return all correspondence concerning this matter to the following:    RICHARD ATKINSON
Please return all correspondence concerning this matter to the following:    RICHARD ATKINSON
RICHARD ATKINSON Name of Person  INNOVATIVE DISTRIBUTORS,LLC. Firm/Company  1440 CORAL RIDGE DR #372 Address  CORAL SPRINGS, FLORIDA, 33071 City/State and Zip Code  RATKIZ@AOL COM
INNOVATIVE DISTRIBUTORS, LLC. Firm/Company  1440 CORAL RIDGE DR #372 Address  CORAL SPRINGS, FLORIDA, 33071 City/State and Zip Code  PATKIT@ACL COM
INNOVATIVE DISTRIBUTORS, LLC. Firm/Company  1440 CORAL RIDGE DR #372 Address  CORAL SPRINGS, FLORIDA, 33071 City/State and Zip Code  PATKIT@ACL COM
Tirm/Company  1440 CORAL RIDGE DR #372  Address  CORAL SPRINGS, FLORIDA, 33071  City/State and Zip Code  PATKIT@ACL COM
Address  CORAL SPRINGS, FLORIDA, 33071  City/State and Zip Code  PATKIZ@AGL COM
CORAL SPRINGS, FLORIDA, 33071  City/State and Zip Code
CORAL SPRINGS, FLORIDA, 33071  City/State and Zip Code
City/State and Zip Code
PATKIZ@AOL COM
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
RICHARD ATKINSON at ( 954 ) 234-7424
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$ Certificate of Status  Certified Copy (additional copy is enclosed)  \$50.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNO\	ATIVE DIST	FRIBUTORS,	LLC.		
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appea Liability Company)	rs on our records.)	•	
The Articles of Organization for this Limited I	Liability Company	were filed on	2/10/2006	and assigned	
Florida document number L0600001	5535				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company her	<u>re</u> :		
INNOVATIVE	DISTRIBUTIO	N AND MARKE	TING, LLC.		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	any," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)				2 2 -	
				A 20 1	
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX)		INIT			
				25 F	
				<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>ente</u>	r the name of the new	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street address			
•		, Florida			
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

' MGR = Manager

MGRM = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	10 APR I
			CED A
Dated	4/12/2010 ,		
		nber or authorized representative of a member	<u></u>
		RICHARD ATKINSON ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00