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COVER LETTER

Division of Corp	OCTACIONS		
SUBJECT:	DAY LLICONO		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	COUNTNEY.	J. CONFACE Name of Person	
	INNOVOSIT	Solotows LL Firm/Company	
	_	LAZA Done, #	
	Orlando, F		
For further information co	ncerning this matter, please ca		and in
COUPTINCY J. Name of	LONFACC Person	at (954) 235- 67 Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

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**

_LWOVOSITY L		
(Name of the Limited Liability Com (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan	y were filed on Aubus	T 24, 2017 and assigned
Florida document number $\angle 17000/8//39$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
INOVOSITY SOLUTIONS, L	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liab	oility 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:		+7
(Mailing address MAY BE A POST OFFICE BOX)		. 99
B. If amending the registered agent and/or registered	office address on our rec	ords, enter the name of the ne
registered agent and/or the new registered office address he	<u>re</u> :	
		ş- 6
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	!:	

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=.M $AMBR=A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
		·	D Add
			Remove
			□ Add
			□ Remove
			——— □ Change
			
			□ R emove
			Add
			□ Remove
			Change
			Add
		·	☐ Remove
			Change

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		-
rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) e than 90 days after filing.)	8: 49 Pursuant to 6

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Filing Fee: \$25.00