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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	INNOVA FI	RM.LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspor	adence concerning this matter	to the following:	
		Helga Tapias		
		Innova Firm, U.C.	Name of Person	
		2700 W 3rd Ct. 2nd Floor	Firm/Company	
		Hialeah, Florida, 33010	Address	
		admin@byinnova.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ca	ill:	
Helga Ta	pias 		305 800-5323 at ()	
	Name of	Person	Area Code. Daytime	:Telephone Number
Enclosed	is a check for th	e following amount:		
≅ \$25.0	0 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 radditional copy is enclosed)

MAILING ADDRESS:

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 FILED

INNOVA FIRM, LLC

company has been notified in writing of this change.

2018 DEC -3 PM 1:53

The Articles of Organization for this Limited Liability Co. Florida document number 1.18000140391	Company as it now appears on our being imited Liability Company) TALL mpany were filed on	
The Articles of Organization for this Limited Liability Co Florida document number 1.18000140391	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or register	ered office address on our recor	ds, enter the name of the n
registered agent and/or the new registered office addr	ss here:	
Name of New Registered Agent:		
New Registered Office Address: 2700 W	3rd Ct 2nd Floor	
	Enter Florida street addr	
Hialeah		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co		• •

If Changing Registered Agent, Signature of New Registered Agent

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

' '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
		 	
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
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Effective date, if other than the	late of filing:	(optional)
Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to d ck does not meet the applicable	ate of filing or more than 90 day:	
ne record specifies a delayed The 90th day after the reco		n effective time, at 12:	01 a.m. on the earlier
November 26th Dated	2018		
Mela Va	gnature of a number or authorize		
u	Manager Manager and the American Americ	d representative of a mondor	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00