L19000223693

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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D CUSHING

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	ATED INNOVATION, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	JASON S. DOVER			
		Name of Person		
		Firm/Company		
	25 WOOD CENTER LAN	IE.		
		Address		2021
	PALM COAST, FL 32164	1		2021 HAR 22
	INNOVATIONACCELER	City/State and Zip Code ATED@GMAILCOM	A S	
For further information of		to be used for future annual report notifi	ication)	PM 2: 52
	oncerning this matter, please c		L	ń N
JASON S. DOVER		347 6327040 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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 Certificate of Certified Copy (additional copy	f Status & py
<u>Mailing Addres</u> Registration S		Street Address:	tion	
Division of C		Registration Sec Division of Cor		
P.O. Box 632	-	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2021

JASON S. DOVER 25 WOOD CENTER LANE PALM COAST, FL 32164

SUBJECT: ACCELERATED INNOVATION, LLC

Ref. Number: L19000223693

We have received your document for ACCELERATED INNOVATION, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 921A00003243

RECEIVED MAR 2 2 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 SE1

		MAR.
ACCELERATED INNOVATION, LLC		~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
IA Close	ility Company as it now appears on our recorida Limited Liability Company)	
(71) (31)	ind company	SSE P
The Articles of Organization for this Limited Liability Florida document number 1.19000223693	Company were filed on SEPTEMBER 3	.2019 and assigned
Florida document number 1.19000223693		TE TE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
CLAY BY RISA, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter</u> :	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
	ព	orida
	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	MARISA L. DIPACE-DOVER	7643 GATE PARKWAY, SUITE 104-615	= Add
		JACKSONVILLE, FL 32256	□ Remove
			DChange
			🗀 Add
			□Remove
			□Change
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			🗆 Remove
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			□Remove

_____ □Change

Page 2 of 3

Flective date, if other than the date of filing: 12/28/2020 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (obeging the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signdure of a member or authorized representative of a sagmber.					
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