# U14000104955

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Innovative Construction Solutions, 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:
Bradford J. Norting Name of Person
Firm/Company
2637 E. Arlantic Blvd. # 26012
Pompano Brach FZ 3306Z E City/State and Zip Code binder @ amail. com
E-mail address: (to be used for fiture annual report notification)
For further information concerning this matter, please call:
Brackford J. Notting at 321 501 9250 37 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ Certified Copy (additional 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 OF.

Innovative Constructi (Name of the Limited Liability Compa (A Florida Limited Liability Compa)	on Solutions L ny as it now appears on our records.) Liability Company)	LC_
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000 104955</u>	were filed on 7   1   ZO1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  BJN DEVELOPMENT, L  The new name must be distinguishable and end with the words "Limited Liab		abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7. 8
(Principal office address MUST BE A STREET ADDRESS)		
		CO C
Enter new mailing address, if applicable:	2023 N. AHO	in the Ave
(Mailing address MAY BE A POST OFFICE BOX)	Suite # 207 Cocoa Beach, Fr	25 <del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date	, if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
effective date	must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after
effective date date this docu	must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after

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Filing Fee: \$25.00

SECKETANY OF STATE