

LU5000012764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

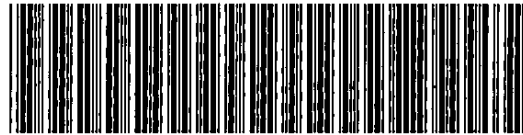
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Business Alliance, 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:

Fausto E. Batista

(Name of Person)

Innovative Business Alliance, LLC

(Firm/Company)

15115 Spinnaker Cove Lane

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

Fausto Batista

(Name of Person)

at (407) 924-8779

(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
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 Business Alliance, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on February 8, 2005 and assigned document number L05000012764.

SECOND: This amendment is submitted to amend the following:

1) Principal Place and Mailing Address: 15115 Spinnaker Cove Lane,
Winter Garden, FL 34787

2) Name & Address of Registered Agent: Fausto E. Batista, 15115 Spinnaker
Cove Lane, Winter Garden, FL 34787

3) Delete Managers/Members: Alvarez, Edwin & Green, Thomas

4) Add Managers/Members: Delia Batista (Title: MGRM), 15115 Spinnaker
Cove Lane, Winter Garden, FL 34787

Dated _____, _____.



Signature of a member or authorized representative of a member

Fausto Batista

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00