## L06000122754

(Re	equestor's Name)	<u> </u>			
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L SAULSBERRY EXAMINER SEP 20 2011

## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp				
SUBJ	ECT:	INNOVATIVE			
		Name of Lim			
The er	nclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspor	ndence concerning this matte	r to the following:		
	CHRISTOPHER RUNNELLS		LLS	_	
			Name of Person		
		INNC	OVATIVE SHOW DES	IGN	
		Firm/Company		_	
		159 F	. LAKE BRANTLEY C	RIVE	
			Address		-
		1.4	0NOW/00D EL 8977	<b>70</b>	7A. 28
			ONGWOOD, FL 3277 City/State and Zip Code	9	ZÖII SEP 19 SECRETARY ALLAHASSE
		acco	unting@ishowdesign.	com	HAXE IT
		E-mail address:	to be used for future annual rep	port notification)	19 AR SSEELFI
For fu	rther information co	oncerning this matter, please	call:		TPS ₹
	CUDICTO	DUED DUNNELLO		051 0075	STATE LORIDA
	Name of	PHER RUNNELLS Person	at (407_) Area Code &	951-8975 2 Daytime Telephone Number	er E
Enclos	sed is a check for the	e following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	ate of Status &
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	Registratio Division of Clifton Bu	f Corporations ilding	
Tallahassee, FL 32314		ssee, FL 32314	2661 Exec		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATI	/E SHOW DESIGN	, LLC	
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appea a Limited Liability Company)	i <u>rs on our records.</u> )	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	12/28/2006	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w 'L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		<del>Za 22</del>
			<del></del>
Enter new mailing address, if applicable:			F JL EP 19 ETARY HASSE
Mailing address MAY BE A POST OFFICE BOX)			
			ST 00
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad			he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ess
		, 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR ≒ Manager

MGRM = Managing Member Type of Action Title ' <u>Name</u> <u>Address</u> Michael S. Mantovani MGRM 159 E. Lake Brantley Drive ☐ Add ✓ Remove Longwood FL 32779 □ Add ☐ Remove ☐ Add Remove ∏Add Remove  $\Box$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Christopher G. Runnells Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00