10700009382

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



900304248179

19/06/17--01013--011 **25.90



or of the Relation

COVER LETTER

| | ration Sect on of Corpo | | | |
|------------------------|----------------------------|--|---|---|
| _ | lexander Ini | novations LLC | | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| The enclosed Ar | rticles of A | mendment and fee(s) are subt | nitted for filing. | |
| Please return all | correspond | lence concerning this matter t | to the following: | |
| | | John Wells Kaperak | | |
| | | John Wells Kaperak Name of Person Alexander Innovations LLC Firm/Company PO Box 125003 Address San Diego, CA 92112 | | |
| | | Alexander Innovations LLC | C | |
| | | | Firm/Company | |
| | | PO Box 125003 | | |
| | | | Address | |
| | | San Diego, CA 92112 | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | alexander.innova.llc@gmail | .com o be used for future annual report notil | |
| For further infor | nnation con | cerning this matter, please ca | | canon) |
| John Wells Kap | erak | | 858 752-2542 | |
| | Name of P | 'erson | at () Area Code Daytime | : Telephone Number |
| Enclosed is a ch | eck for the | following amount: | | |
| ■ \$25,00 Filin | ng 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

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our recor Liability Company) | <u>'ds.</u>) |
|---|--|--|
| he Articles of Organization for this Limited Liability Company lorida document number 1.07000009382 | were filed on 1/24/2007 | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | oility company here: | |
| lexander Innova LLC | | |
| he new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LL | C" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 2560 N.E. 21st Street | 2017 |
| Principal office address MUST BE A STREET ADDRESS) | Pompano Beach, FL 33062 | 8 11 |
| | | The second secon |
| nter new mailing address, if applicable: | PO Box 125003 | ₩ 10 F 20 00 |
| Mailing address MAY BE A POST OFFICE BOX) | San Diego, CA 92112 | |
| . If amending the registered agent and/or registered or registered or sistered agent and/or the new registered office address her | <u>e</u> : | is, <u>enter the name of the</u> |
| Name of New Registered Agent: John Wells Kap | perak | |
| Name of New Registered Agent. | | |
| Name of New Registered Agent: New Registered Office Address: John Wells Kap 2560 N.E. 21st | Street | |
| Name of New Registered Agent. | Street Enter Florida street addre | lorida <u>33062</u> |

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 an 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

Page 1 of 3

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> | Name | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | Add |
| | | | ☐ Remove |
| | | - | ☐ Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | |
| | | | Remove |
| | | | Change Change |
| | | | □ Remove |
| | | | ∴ Change |
| | | | □ ∧dd |
| | | - | Remove |
| | | | ☐ Change |

| • | • | | | | | |
|--|---------------------------------------|---|-----------------------|--|---|-----------------------------|
| | · <u> </u> | | | | | |
| | | | | | | |
| | | | | | | |
| | · | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | · | | | | | |
| | | | | | | |
| | | | | · <u></u> | | |
| | | | | | | |
| | | | | | | |
| | | | | · | - | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | | | | | |
| Effective date, if other than to fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the | must be specific and block does not r | d cannot be prior t meet the applica | o date of filing or m | (opt nore than 90 days afte g requirements, th | er filing.) Pursuant | to 605.0207 be listed as |
| e record specifies a delay | ved effective of ecord is filed. | | an effective t | ime, at 12:01 | a.m. on the | earlier of |
| The Joth day after the r | | | | | | |
| October 1 | | 2017 | J | | | |
| October 1 | | , 2017 | | | 757 75- | 2017 OC |
| October 1 | Signature of a |)60 | ized representative | of a member | | 2017 OCT - |
| | Signature of a |)60 | ized representative | of a member | | |

Page 3 of 3

Filing Fee: \$25.00