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(Re	equestor's Name)
(Ad	ldress)	
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Certified Copies	Certificate	es of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

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TO: Registration Division of C					
SUBJECT:	I NNOVATIVE CH (Name of Li	mited Liability Company)			
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.			
Please return all corres	spondence concerning this matt	er to the following:			
	PAQUE	(Name of Person)			
	KIBOUAT	(Firm/Company)			
	21150 NE	38 Avr., 42806 (Address)		OT SEP	71
	AVENTURA,	FC 33180 (City/State and Zip Code)		OT SEP 24 AM 10: 41 SECRETARY OF STATE TAIL DATASSEE. FLORIC	
For further information	n concerning this matter, please	call:		STATE	
. RAQUEL	POTHMAN ne of Person)	at (786 303 - 73	529 ne Telephone Number)	_	
(11411	ic of relacity	(Mea Code & Dayim	ie reiephone (vanioer)		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enc		

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

•	Present Name) (A Florida Limited Liability Company)	 .	
FIRST:	The Articles of Organization were filed on 91407 and assigned document number LO700093919.		
SECOND:	This amendment is submitted to amend the following:		
	Please change LLC name to:		
•	KIDOVATIVE, LLC		
	Messe change MORM from RADUEL LANDANG	2	
	to KAQUEL ROTHMAN.		
	PER	07 SE	
	AREA SAN	P 24	FILED
Dated <u>S</u> (EPT. 20	07 SEP 24 AH 10: 4	Ü
	ORID	CTATE	
	Signature of a rember or authorized representative of a member		
	PARIL ROTHMAN Typed or printed name of signee		

Filing Fee: \$25.00