10700023270

(Re	equestor's Name)	
· (Ad	ldress)	
(Ad	ldress)	
V	····,	
(Ci	ty/State/Zip/Phone	. #\
(CII	ty/State/Zip/Phone	<i>∌ #)</i>
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
•	,	,
<u></u>	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer	
	,	
		,

Office Use Only



300146745573

03/25/09--01021--023 **25.00



S. HAWKES

MAR 2 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	SVeo d Liability Company)	·
The enclosed Articles of Amendment and fee(s) are submit	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
Erie Valo	(Name of Person)	
Innovati	ve Finishes (Firm/Company)	
	Address)	
	FL 33909 City/State and Zip Code)	
For further information concerning this matter, please call	:	
Eric Valdes (Name of Person)	at (<u>239</u>) <u>U33-02</u> (Area Code & Daytime To	83 elephone Number)
Enclosed is a check for the following amount:		
\$25.00 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:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lia Florida document number LO 700123	ability Company were filed on	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE)	TADDRESS)	552 0
		<u> </u>
		26 26 27 27 27 27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE 1	<u></u>	
B. If amending the registered agent and/oregistered agent and/or the new registered of		r records, enter the name of the new
Name of New Registered Agent:	Eric Valdes	
New Registered Office Address:		
	(Ente	er 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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Title <u>Name</u> <u>Address</u> Type of Action Alexandra Edward ☐ Add Remove **□** Add ☐ Add 🗖 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 2009. Signature of a member or authorized representative of a member Eric Valdes Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00