L0800054338

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
· (Cit	ty/State/Zip/Phone	#)
		_
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
. (= -	,	
Certified Copies	_ Certificates	of Status
		•
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



800142777608

02/05/09--01022--003 **25.00

09 FEB -5 PN 12: 29

S. HAWKES
FEB 0 6 2009
EXAMINER

COVER LETTER -

TO: Registration Section Division of Corporations	
SUBJECT: Innovating Linaucial 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: Acida I. Valentin (Name of Person) Innovating Financial (Firm/Company) 1515 Michigan ave #15 (Address) Hissimmee H 34444	
(City/State and Zip Code) For further information concerning this matter, please call:	
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)

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

	Qr.				
- I manufalia	L'	. , /	110		
	TIMALE	10/	LAC		
(<u>Name of the Limited Liabilit</u> (A Fl ori da	y Company as it now a Limited Liability Comp		our records.)		
		n June	1 2ma		
The Articles of Organization for this Limited Liability (Company were filed or		0000	and assi	gned
Florida document number	228		FÖ	09	
				33	n il
This amendment is submitted to amend the following:			67	1	-
A 16 months of the Color	** * * * * * ***			Q.	
A. If amending name, enter the new name of the lim	ited Hability compar	iy nere:	مسلم پر استان کی در استان کی در استان میران کی استان کی استان کی در استان کی میران کی در استان کرد در استان کی در استان کار در استان کی در استان کار در استان کی	P	A STATE OF THE PARTY OF THE PAR
			32	73	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability (Company," tl	he designation "LLC	or the al	bbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)	13, 1	Chigany,	que.	#15,
	10	58/m	mee H	341	744
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
					
B. If amending the registered agent and/or regis	tered office address	on our re	ecords, enter the	name of	f the new
registered agent and/or the new registered office add	lress here:		 -		
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.		(Enter F	lorida street addres	:s)	
			. Florida		
	(City)	<u>. </u>	 '	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

Address Type of Action Remove ☐ Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00