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(City/State/Zip/Phone #)

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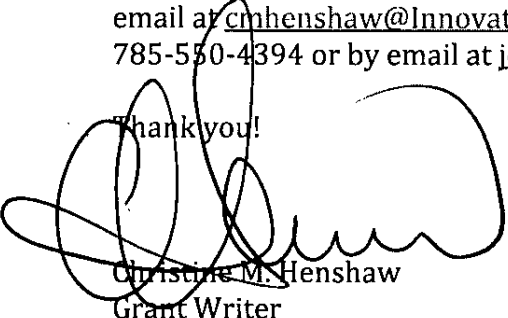
APR 29 2009

EXAMINER

To Whom It May Concern:

Please find enclosed the necessary documentation to amend the Articles of Organization of Innovative Ink, LLC. If there should be any questions please do not hesitate to contact Christine Henshaw at either 954-533-4719, 954-655-0296, or by email at [cmhenshaw@Innovative-Ink.com](mailto:cmhenshaw@Innovative-Ink.com). You may also contact Jessica Riddle at 785-550-4394 or by email at [jessridd@gmail.com](mailto:jessridd@gmail.com).

Thank you!



Christine M. Henshaw  
Grant Writer  
Innovative Ink, LLC  
929 SW 20<sup>th</sup> Street  
Fort Lauderdale, FL 33315  
Phone: 954-533-4719  
Mobile: 954-655-0296

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INNOVATIVE INK, 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:

CHRISTINE MARIE HENSHAW  
(Name of Person)

INNOVATIVE INK, LLC  
(Firm/Company)

929 SW 20TH STREET  
(Address)

FORT LAUDERDALE, FL 33315  
(City/State and Zip Code)

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For further information concerning this matter, please call:

CHRISTINE MARIE HENSHAW at ( 954 ) 655-0296  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

INNOVATIVE INK, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/13/2009 and assigned  
Florida document number L08000073254.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

929 SW 20TH STREET

FORT LAUDERDALE, FL 33315

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

929 SW 20TH STREET

FORT LAUDERDALE, FL 33315

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CHRISTINE MARIE HENSHAW

New Registered Office Address:

929 SW 20TH STREET

*(Enter Florida street address)*

FORT LAUDERDALE

*(City)*

, Florida 33315

*(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

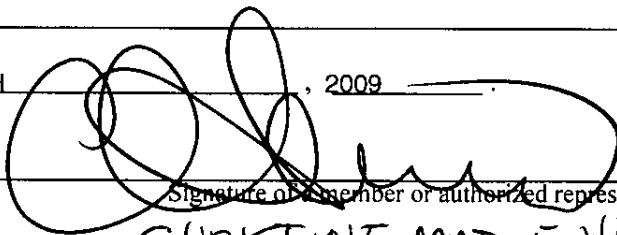
| <u>Title</u> | <u>Name</u>             | <u>Address</u>                                   | <u>Type of Action</u>  |
|--------------|-------------------------|--|--|
| MGR          | CHRISTINE MARIE HENSHAW | 929 SW 20TH STREET<br>FORT LAUDERDALE, FL 33315  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | JESSICA RENEE RIDDLE    | 440 NE 4TH AVE #614<br>FORT LAUDERDALE, FL 33301 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | CHERYL LYNN HENSHAW     | 296B LEE ROAD<br>WEST POINT, NY 10996            | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated APRIL 16TH

, 2009



Signature of member or authorized representative of a member

CHRISTINE MARIE HENSHAW

Typed or printed name of signee