L08000103543

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
· • • • • • • • • • • • • • • • • • • •					
(Business Entity Name) LOS - 1035 43					
(Document Number)					
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SECRETARY OF STATE

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COVER LETTER

; ; O T,	Registration Section Division of Corporati	ons	٠ '				
SUBJECT: Push Innovation, LLC							
Name of Limited Liability Company							
The en	closed Articles of Amen	lment and fee(s) are sub	omitted for filing.				
Please	return all correspondenc	e concerning this matter	to the following:				
			Peter Q. Nguyen				
		_	Name of Person				
Push Innovation, LLC Firm/Company							
	03						
Address							
	St. Petersburg, FL 33716 City/State and Zip Code						
	otification)						
For fur	ther information concern		·	············			
	Peter Q.			956-7874 x. 601			
	Name of Person	1	Area Code & Day	time Telephone Number			
Enclose	ed is a check for the follo	wing amount:					
₹ \$25	.00 Filing Fee S	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING A	DDRESS:	STREET/COU	RIER 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



July 7, 2009

PETER Q. NGUYEN 10901 BRIGHTON BAY BLVD #7203 ST. PETERSBURG, FL 33716

SUBJECT: PUSH INNOVATION, LLC

Ref. Number: L08000103543

We have received your document for PUSH INNOVATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 609A00023107

Neysa Culligan Regulatory Specialist II

Division of Compositions P.O. ROY 6397 Tallahasson Florida 39314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

09 JUL 17 AM 9: 03

Push Innov	ation, LLC	1011	RETARY OF STATE VHASS EE FLORIDA
(Name of the Limited Liability Compa) (A Florida Limited L	iability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company Florida document numberL08000103543	were filed on	11/05/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company her	£ :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	ny." the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	2095 Illinois A	ve. NE	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33703		
			and the same of th
Enter new mailing address, if applicable:	PO Box 3041		
(Mailing address MAY BE A POST OFFICE BOX)	Pinellas Park	, FL 33780	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter (</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	ter Florida street ada	ress
		. Florida	
	Ciņ [,]	, A IOI MA	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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mai MGRM = M	nager Ianaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRM	Peter Q. Nguyen	10901 Brighton Bay Blvd, #7203 St. Petersburg, FL 33716	Add Remove
MGRM	Jeffrey M. Knight	1050 Lenox Park Blvd. NE #240 Atlanta. GA 30319	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information	n, enter change(s) here: (Attach additional sheets, if nece	ssary.)
			O9 JUL 17 AN S SECRETARY OF S TALLAHASSEE FL
Dated	June 29	2009	MY 9; 04 OF STATE
	Şigyan	nre of a member or authorized representative of a member	-
		Peter Nguyen	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00