L10000018ar

(R	equestor's Name)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
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AUG 25 2010

EXAMINER

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SEGRETARY OF STATE

COVER LETTER

Division of Corporations						
SUBJECT:	SMARTI	PANCER, LLC				
	Name of Lim	ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	CHI	CHRISTOPHER MARSALA				
		Name of Person				
	CARDILLO, KEITH & BONAQUIST, P.A.					
	Firm/Company					
	3550 TAMIAMI TRAIL E.					
	Address					
		NADIES EL 24112				
	NAPLES, FL 34112 City/State and Zip Code					
	CMA	RSALA@CKBLAW.COM				
	E-mail address: (to be used for future annual report notific	cation)			
For further information	concerning this matter, please of	all:				
CHRIST	OPHER MARSALA	ut \	774-2229			
Name	Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 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)			
	LING ADDRESS:	STREET/COURII Registration Section				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMARTI PANCER, 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 FEBRUARY 17, 2010 and assigned L10000018016 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **INNOVATIONS 311, LLC** 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street addi Florida City 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 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 = I	Managing Member	•		
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
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				Remove
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				Remove
D. If amen	ding any other info	ormation, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
				
				
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	n//			
Dated	3/18/2010			
	Jai	el 1/-	PS	
		,	or authorized representative of a member	.
			AUL A. LIBERTI I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00