

L100000064146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2011 APR 18 PM 6:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 19 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE INSTALLERS, 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:

ANGELA CRACIUN

Name of Person

NONE

Firm/Company

481 1ST ST SW

Address

NAPLES, FL 34117

City/State and Zip Code

ANGELA@EUROPEANMOTORSOFNAPLES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA

Name of Person

at (239)

331.1380

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)

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**

FILED

2011 APR 18 PM 10:09

INNOVATIVE INSTALLER, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 15, 2010 and assigned
Florida document number L10000064146.

This amendment is submitted to amend the following:

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

BAMBOO SURROUNDINGS, 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)

1989 TRADE CENTER WAY, UNIT A

NAPLES, FL 34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1989 TRADE CENTER WAY, UNIT A

NAPLES, FL 34109

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:

ANGELA CRACIUN

New Registered Office Address:

481 1ST ST SW

Enter Florida street address

NAPLES

City

Florida

34117

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> |
|--------------|-------------|----------------|---------------------------------|
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated APRIL 14, 2011



Signature of a member or authorized representative of a member

ANGELA CRACIUN

Typed or printed name of signee

FILED
2011 APR 18 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA