

L100000071238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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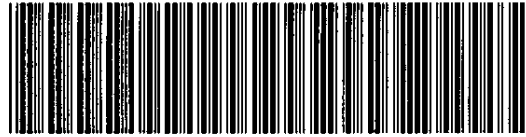
(Business Entry Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 18 PM 2:28

T. HAMPTON

JUL 19 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE CAPITAL ENTERPRISES, 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:

MARIA GUEVARA

Name of Person

Firm/Company

115 MADEIRA AV

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

maryludecoco@hotmail.com

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

For further information concerning this matter, please call:

MARIA GUEVARA

Name of Person

at (305) 441-0167

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL 18 PM 2:28

INNOVATIVE CAPITAL ENTERPRISES, 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 07/06/2010 and assigned

Florida document number L10000071238

This amendment is submitted to amend the following:

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

INNOVATIVE CAPITAL ENTERPRISES, 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:

115 MADEIRA AV.

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL. 33134

Enter new mailing address, if applicable:

115 MADEIRA AV.

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL. 33134

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: MARIA GUEVARA

New Registered Office Address: 115 MADEIRA AV.

Enter Florida street address

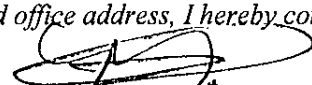
CORAL GABLES, Florida 33134

City

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

Title	Name	Address	Type of Action
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MGRM	LAZARO VERDECIA	12640 IXORA RD. MIAMI, FL 33181	☒ Add ☐ Remove
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☐ Add ☐ Remove

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

Dated JULY 12, 2011



Signature of a member or authorized representative of a member

MARIA GUEVARA

Typed or printed name of signee

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