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SECRETARY OF STATE
FALLAHASSEE ET ORIGA.

J. BRYAN

AUG 2 5 2010

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	Innovative	e Holdings LLC.		
		ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		•
	7	Darren Odesnik		
		Name of Person		
		Firm/Company	<u> </u>	TS: 5
		1515 E Broward Blud	Apt 412	EGG S T
	LT.	Address .		ANG 25 MII: 44 CRETATION SEE, FLORIDA
	FT	City/State and Zip Code	-	FLORIDA FELORIDA
	E-mail address: (1	Odesniko & hormail. com o be used for finure annual report notification	1)	DA TE
For further information con	cerning this matter, please c	all:		
Name of P	n Odesnik ctson	at (954) 816 - 7651 Area Code & Daytime Tele	phone Number	_
Enclosed is a check for the	following amount:			
\$25.00 Filing Poo	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	\$60.00 Filing Fe	Status &
. pre	viously paid	(additional copy is enclosed)	Certified Copy (additional cop	
	G ADDRESS;	STREET/COURIER A	DDRESS:	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Throwance Hole				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)			
(A Forma Dame of the	omey company)			
The Articles of Organization for this Limited Liability Company w	ere filed on July 23, 2010 and assigned			
Florida document number 1100000 77720	で で で に に に に に に に に に に に に に			
	The P			
This amendment is submitted to amend the following:	ELONIA E			
A. If amending name, enter the new name of the limited liability	ty company here:			
Omni Financial (
The new name must be distinguishable and end with the words "Limited	I Liability Company," the designation "LLC" or the abbreviation			
"L.L.C."				
Enter new principal offices address, if applicable:	4699 N. Federal Highway, Suite 100			
(Principal office address MUST BE A STREET ADDRESS)	Posspano Beach, FL 33064			
	Ť			
•				
Enternance mailing address if annihables	4699 N. Federal Highway Swite 106			
Enter new mailing address, if applicable:	A A			
(Mailing address MAY BE A POST OFFICE BOX)	Pomparo Beach, FL 33064			
	•			
-				
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new			
registered agent and/or the new registered office address here:	<u></u>			
	•			
Name of New Registered Agent:				
New Registered Office Address:				
1,000	Enter Florida street address			
	Florida			
(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 canacity. I further agree to comply with			
the provisions of all statutes relative to the proper and complet	e performance of my duties, and I am familiar with and			
accept the obligations of my position as registered agent as pro	ovided for in Chapter 608, F.S. Or, if this document is			
being filed to merely reflect a change in the registered office as	ldress, 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 = M MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u></u>			Add Remove
			Add Remove
			AddRemove
	***************************************		Add Remove
			Add Remove
D. If amen	ding any other information	ı, enter change(s) here: (Attach additional shee	ets, if necessary.)
_ 			10 AUG SECRE AN TALLAHAS
			25 SSEF,
Dated	August 26	Man Odis - member	AM II: 44 FLORIDA
	Signati	Typed or printed name of signee	mber
		Page 2 of 2	

Filing Fee: \$25.00