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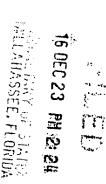
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Innocept, 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:	
James T. Smith	
Innocept, LLC Firm/Company	
1340 Demitasse Are Address	
Merritt Island FL 32952	
Merritt Island FL 32952  City/State and Zip Code  Innocept 07@gma:1-Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
James T Smith at (410) 499-9988  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee &\Bigcup \$55.00 Filing Fee &\Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed)  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

Innocept	, LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.)  Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10 25 7010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.	ered office address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address Florida
	City Sizip Citie
New Registered Agent's Signature, if changing Registered	Agent:

New Registered Agent's Signature, it 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = At	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jereny L M. Gown	2117 Hidalgo Ln	<b>⊠</b> Add
	,	Z117 Hidalgo Ln Frisco, TX 75034	□ Remove
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			Remove
			Change
			Add Property of the Control of the C
			Garage 7
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Filing Fee: \$25.00