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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innovative Property Solutions Jacksonville 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:

Nwabufo "Obi" Umunna

Name of Person

IPS

Firm/Company

3407 Hartley Rd

Address

Jacksonville, FL 32257

City/State and Zip Code

oumunna@gmail.com

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

For further information concerning this matter, please call:

Nwabufo "Obi" Umunna

904 536-3796
at ()

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)

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

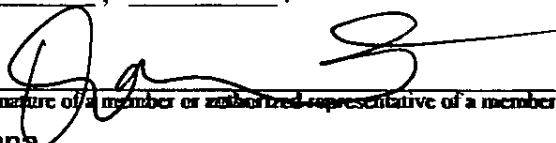
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Wilerson	4830 W Kennedy Blvd	<input type="checkbox"/> Add
		Tampa Fl 33609	<input checked="" type="checkbox"/> Remove
MGR	Robert Calistri	2406 State Road 60E, #592	<input checked="" type="checkbox"/> Add
		Valrico, Fl 3595	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 29th, 2014



Signature of a member or authorized representative of a member

Nwabufo "Obi" Umunna

Typed or printed name of signer

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