L13000004524

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
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	tration Sect			
SUBJECT:	nnovative	Property Solutions Ja	acksonville LLC	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspond	dence concerning this matter	to the following:	
		Nwabufo "Obi" Umu	nna	
			Name of Person	
		IPS		•
			Firm/Company	
		3407 Hartley Rd		
			Address	
		Jacksonville, FL 322	57	
			City/State and Zip Code	<u>. '</u>
		oumunna@gmail.con		
		E-mail address: (1	to be used for future annual report notific	cation)
For further info	rmation con	cerning this matter, please ca	ıll:	
Nwabufo "C	Obi" Umui	nna	904 536-3796	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Filid	ng 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 2015 FEB -2 AM 10: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Innovative Property Solutions Jacksonville 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 Florida document number L13000004524	were filed on <u>1/9/13</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3740 Saint Johns I	Bluff Road Suite 9
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FI 32	224
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3740 Saint Johns E Jacksonville, FI 32	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our re	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Flerida
	City	Xip 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 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 the Managers or Anthorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = N $AMBR = A$	lanager Authorized Member	•	
<u>Tîtle</u>	Name	Address	Type of Action
MGR	John Wilerson	4830 W Kennedy Blvd	Add
		Tampa FI 33609	Remove
MGR 	Robert Calistri	2406 State Road 60E, #592	— A₄ld
		Valrico, Fl 3595	□ Remove
			☐ Add
			□ Remove
			Add
			☐ Remove
			Add
			□ Remove
			C Remove

If amending any other information, enter change(s) here: (A	ttach additional sheets, if necessary.)
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<u> </u>	
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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 do the date this document is filed by the Florida Department of State)	ate and cannot be more than 90 days after
Dated January 29th 2014	
Daleu	9
Signature of a negotice or zeither tree	representative of a member
Nwabufo "Obi" Umunna	
Typed or printed nar	ne of signee

Page 3 of 3

Filing Fee: \$25.00

2015 FEB - 2 MI ID: 0 SECRETARILE STATI