11300004524

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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Co			
OTTO TO COO.	Property Solutions Jacksonvill	e LĹC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nwabufo "Obi" Umunna		
		Name of Person	<u>.</u>
	Innovative Property Soluti	ons	
		Firm/Company	
	3740 St Johns Bluff Rd #9		
		Address	
	Jacksonville FL 32224		
			
	obi@ipsjax.biz		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Obu Umunna		904 321-9020 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

innovative Property Solutions Jacksonville		
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	ı
The Articles of Organization for this Limited Liability Florida document number L13000004524	Company were filed on 01/09/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviations 'L.L.C."
Enter new principal offices address, if applicable:		9 8
(Principal office address MUST BE A STREET ADI	DRESS)	2
		The state of the s
Enter new mailing address, if applicable:		64.1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	•	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	E. E. J.	
	Enter Florida street address	
	, Flori	ida
	City	гір Сойе

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Robert Calistri	2406 State Road 60E #592 Valrico	Add
			■ Remove
			Change
MGR	Aaron Cooper	13988 Sound Overlook Dr	Add
		Jacksonville Fl 32224	Remove
			Change
	- R - 1 A-1 A-2		
			☐ Add Final Property of the
			☐ Chànge
			□ A∰
			Remove
			□ Change
			Add
		N/W//	☐ Remove
			Change
			🗖 Add
			☐ Remove
			☐ Change

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(If an e Note	ffective date, if other than the date of filing:		
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. on the earlie	r of:
Date	1 2/21/17		
	Signature of a member or authorized representative of a member		
	1 / No. 1		

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Typed or printed name of signee

Filing Fee: \$25.00