# L1300010164

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

# INVENTIVE TECHNOLOGY ALLIANCE 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:

FRANK DIPENTO

Name of Person

INVENTIVE TECH

Firm/Company

11731 WHITEMARSH DR

Address

WELLINGTON FL 33414

City/State and Zip Code

FDIPENTO1@ATT.NET

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

For further information concerning this matter, please call:

FRANK DIPENTO

772 631.5353

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### INVENTIVE TECHNOLOGY ALLIANCE LLC

company has been notified in writing of this change.

13.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A	Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liabseller Florida document number <u>L13000101666</u>	ility Company	were filed on <u>07/18/13</u>	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liabi	lity company here:	
N/A			
The new name must be distinguishable and end with the wor	ds "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L,C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			2014 SE
	_		
Enter new mailing address, if applicable:		N/A	TARY C
(Mailing address MAY BE A POST OFFICE BO	)X)		Fo E
1	· · · · ·		02.5
			> > >
B. If amending the registered agent and/or registered agent and/or the new registered offic			ords, enter the name of the no
Name of New Registered Agent:	FRANK DIF	PENTO	
En. New Registered Office Address:	11731 WHITEMARSH DR		
(j		Enter Florida street a	ddress
	WELLINGT	ON	, Florida 33414  Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	and complete pred agent as p	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address Type of Acti	<u>on</u>
MGR	FRANK DIPENTO	11731 WHITEMARSH DR	
		WELLINGTON FL 33414	
AMBR	FRANK G DIPENTO	11731 WHITEMARSH	
No.		WELLINGTON FL 33414	
AMBR	ANTHONY DIPENTO	11/31 WHITEMARSHED TO THE SERVICE OF	Marie Ma Marie Marie Marie Marie Marie Marie Marie Marie Ma Ma Marie Marie Ma Ma Marie Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma
· · · · · · · · · · · · · · · · · · ·		Add	
		Remove	
• •		Add	
		Remove	
· ·			
		Remove	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess REMOVING SONS FROM LLC, SO I CAN FILE AS A SIN	
MEMBER LLC, NOT A 1065 PARTERSHIP	
E. Effective date, if other than the date of filing: 05/01/14 (option  (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 April 4 , 2014.  H L. D.R.A	
Signature of a member or authorized representative of a member/Kegist  FRANK L. D. Pento  Typed or printed name of signee	erea agent
	2014 FOR -9 A SEGRETARY OF TALLAHASSEE
	OF STA

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Filing Fee: \$25.00