# L13000158037

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
Dr. Mayor	
name 10130/15	
<u> </u>	1

Office Use Only



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## COVER LETTER

TO: Registration Sec Division of Corp	ction , , , , , porations	· in	•
SOBSECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	TNKA, LLC    Name of Limited Liability Company		
		Name of Person	ip Code  e annual report notification)   542-1515  Ode  Daytime Telephone Number  ang Fee & Sopy Certificate of Status & Certified Copy  Certified Copy
		Firm/Company	
	7525 S.W. 18th Street		
		Address	
	Miami, Florida 33155		
	<del></del>	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please co	all:	
Dr. Marco A. Mayor			
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2015

DR. MARCO A MAYOR 7525 S.W. 18TH STREET MIAMI, FL 33155

SUBJECT: DIGITAL INNOVATION GROUP LLC

Ref. Number: W15000069181

Innovare Labs LLC

We have received your document for DIGITAL INNOVATION GROUP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 015A00022049

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 OCT 30 AM 10: 12

SEUÑETARY OF STATE TALLAHASSEE, FLORIDA

TNKA, 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 Liab Florida document number <u>L13000158037</u>	bility Company	were filed on _	11/08/2013	and assigned
This amendment is submitted to amend the follow	ving:			
_		ility company	<u>here</u> :	
Innovare Labs LLC				
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," th	e designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	7525 S.W. 18	Sth Street	
• • • • • • • • • • • • • • • • • • • •				
registered agent and/or the new registered offi	ce address here	2:	on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	DI. Iviareo IV IVI			
New Registered Office Address:	7525 S.W. 18th	· · · · · · · · · · · · · · · · · · ·		
		Enter F	lorida street address	
	Miami		, Florida	33155
		City		Zip 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 Authorized Person(s) authorized to manage,	enter the tit	le, name, a	nd address o	f each person	being added
or removed from our records:		<u>-</u>			

MGR =	Manager	•			*
AMBR ≈	Authorized N	Леі	mber	•	

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Dr. Marco A. Mayor		☐ Add
			☐ Remove
		7525 S.W.18 St. Miami, FL 33155	☐ Change
СТО	Marc Braga		Add
			□ Remove
		3410 Ohio Ave., Tampa, FL 33611	E Change
			Remove
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fect	ve date, if other than the date of filing:(optional)		
an efl	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual If the date inserted in this block does not meet the applicable statutory filing requirements, this date will represent the second state of the date inserted in this block does not meet the applicable statutory filing requirements, this date will represent the date inserted in this block does not meet the applicable statutory filing requirements.		
	ent's effective date on the Department of State's records.	ior oc risto	
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ne earlie	er of:
The	90th day after the record is filed.		
	11th October 2015		
ated	77 00.000		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00