

LB000174374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

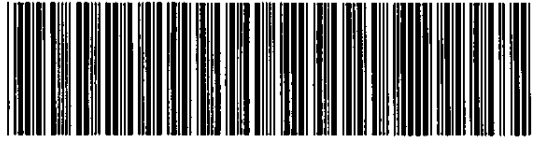
(Business Entity Name)

(Document Number)

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17 MAY 25 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 2017
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INNOVATIVE OPTIONS, 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:

GREG STEADMAN

Name of Person

SOLACE EQUITY FINANCE LLC

Firm/Company

9900 WEST SAMPLE ROAD, SUITE 300

Address

CORAL SPRINGS, FLORIDA 33065

City/State and Zip Code

GREG@SOLACEEQUITY.COM

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

For further information concerning this matter, please call:

GREG STEADMAN

954 825-0458
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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**

INNOVATIVE OPTIONS, 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 were filed on 12/18/2013 and assigned Florida document number L13000174374.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

STATE TOLSON
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ORION

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 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	NITA J. KASAN	7608 HERITAGE GRAND PL	<input type="checkbox"/> Add
		BRADENTON, FL 34212	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	INNOVATIVE PARTNERS	C/O LEGALCARE TRUST CO.	<input checked="" type="checkbox"/> Add
		9900 WEST SAMPLE RD. #405	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ARTICLE VI

PURSUANT TO F.S. 605.0408, THE LIMITED LIABILITY COMPANY AGREES TO INDEMNIFY AND
HOLD THE MANAGERS AND MEMBERS HARMLESS WITH RESPECT TO ANY CLAIM OR DEMAND
AGAINST SUCH MANAGER OR MEMBER.

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17 MAY 25 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 22 2017



Signature of a member or authorized representative of a member

GREG STEADMAN, VICE PRESIDENT SOLACE EQUITY FINANCE, AUTHORIZED REP

Typed or printed name of signee