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COVER LETTER

TO:

Registration Section Division of Corporations

SHBJECT

INNOVATION TAX & TRUST US 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:

RICARDO P. FERNANDEZ DE CORDOBA
Name of Person
Firm/Company
535 WEST 30th ST
Address
MIAMI BEACH FL 33140
City/State and Zip Code
RICARDO.FERNANDEZ@INNOVATION.COM.UY
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO P. FERNANDEZ DE CORDOBA 305 4

Name of Person

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458-6559

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

INNOVATION TAX & TRUST US 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 Comp	pany were filed on FLC	RIDA	and a	ssigned
Florida document number L13000174556				
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 end with the words "Limited	I Liability Company," the des	signation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u></u>		13 H	domining the state of the state
Enter new mailing address, if applicable:			ASSE) (miner
(Mailing address MAY BE A POST OFFICE BOX)			Till 3	
			EST E	- (/FERES
•			EM CO	•
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on o <u>s here</u> :	our records, <u>ente</u>	r the name	<u>e of the new</u>
		,		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florido	a street address		
·	·	, Florida _	Zip Coa	
	Ciţi		Zip Coa	'e
New Registered Agent's Signature, if changing Registered A				
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of m it as provided for in Ch	y duties, and Lan apter 605, F.S. O	ı familiar w r, if this do	vith and cument is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDO P. FERNANDEZ DE CORDOBA	535 WEST 30th ST, MIAMI BEACH FL	33140 ■ Add
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11 ament	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
E ffootise	e date, if other than the date of filing: (optional)
SHECHVE	trate, if other than the date of fining.
l'he effecti	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effecti the date th	e date, if other than the date of filing:
the date th	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
The effection the date if Dated	eve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
the date th	nis document is filed by the Florida Department of State)
the date th	Signature of Amember or authorized representative of a member
the date th	nis document is filed by the Florida Department of State)
the date th	Signature of Amember or authorized representative of a member
the date th	Signature of Innovation T&T BELIZE CORP (MGRM of Innovation Tax and Trust LLC)
the date th	Signature of Innovation T&T BELIZE CORP (MGRM of Innovation Tax and Trust LLC)
the date th	Signature of Innovation T&T BELIZE CORP (MGRM of Innovation Tax and Trust LLC)
the date th	Signature of Innovation T&T BELIZE CORP (MGRM of Innovation Tax and Trust LLC)

Page 3 of 3

Filing Fee: \$25.00