Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I2000000168 Phone : {727}322-0909

Fax Number : (727)322-0520

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\* ひかへひ

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUFF MONKEY AUTO BOUTIQUE, LLC

Certificate of Status	
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

H (60001066323

Apr. 29. 2016 9:20AM

## 1+160001066373 ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF

No. 3438 PF2 LED

2016 APR 29 AM 9: 58

TALLAHASSEE FLORION

BUFF MONKEY AUTO BOUTIQUE, 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	y Company were filed on 06/12/2014	and assigned
Florida document number L14000094761	<del></del> '	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
INNOVATIVE CONTRACTING, LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office and	gistered office address on our records,	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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

Page 1 of 3

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Apr. 29. 2016 9:20		1pr. 29.	- 201	6	9:	207	٩M
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MGR = Manager

No. 3438 P. 3

\_ Change

Apr. 29. 2016 9: 20AM

HI 6000 1065 V 3

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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Apr. 29. 2016 9:20AM D. If amending any other inform	HI600010663VI nation, enter change(s) here: (Attach additional sheets, if r	No.3438 P. 4
<u></u>		
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		R 29 AM
		9. S
Effective date, if other than the	e date of filing:(op	ptional)
Note: If the date inserted in this	ust be specific and cannot be prior to date of filing or more than 90 days at block does not meet the applicable statutory filing requirements, to Department of State's records.	fter filing.) Pursuant to 605.0207 (3)(b this date will not be listed as the
the record specifies a delay	ed effective date, but not an effective time, at 12:00	1 a.m. on the earlier of:
The 90th day after the re	2016	
Dated Arrange	),	
	Signature of a member or authorized representative of a member	
JOSEPH DELOCA	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	

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