

L4000173002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

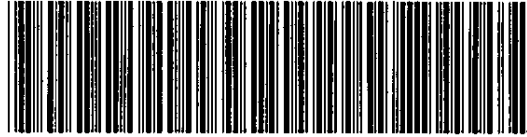
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
MILWAUKEE, WI

MAR 12 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MASTER INNOVATIONS, 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:

DIANE WILKS

Name of Person

MASTER INNOVATIONS, LLC

Firm/Company

4405 COMMONS DRIVE EAST, SUITE 301

Address

DESTIN FL 32541

City/State and Zip Code

jwellman@master-innovations.com

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

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SECRET
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

JEFFREY WELLMAN

504 610-8398

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

--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>	<u>Address</u>	<u>Type of Action</u>
MGR	HEATH A RUSHING	4405 COMMONS DRIVE EAST	<input type="checkbox"/> Add
		SUITE 301	<input checked="" type="checkbox"/> Remove
		DESTIN FL 32541	
MGR	JEFFREY WELLMAN	141 ROBERT E LEE BLVD	<input checked="" type="checkbox"/> Add
		UNIT 116	<input type="checkbox"/> Remove
		NEW ORLEANS LA 70124	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2009

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

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

(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 February 25, 2015

Diane Wilks, Authorized Representative
Signature of a member or authorized representative of a member

DIANE WILKS
Typed or printed name of signee

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FILE