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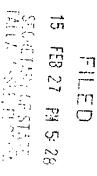
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MAR 12 2015 S. YOUNG

COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	MASTER	R INNOVATIONS, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		DIANE WILKS				
			Name of Person			
		MASTER INNOVAT	IONS, LLC			
			Firm/Company			
		4405 COMMONS D	RIVE EAST, SUITE	≣ 301	SEC	र्ज
			Address			FB FI
		DESTIN FL 32541			(2. <u>本</u>)	B 27 E
			City/State and Zip Code			
		jwellman@master-ini	novations.com to be used for future annual	report notification	n)	اب دم ,
For further in	nformation co	oncerning this matter, please ca				တ
JEFFREY	WELLM	AN	504 61	10-8398		
	Name of	Person	Area Code	Daytime Tele	phone Number	
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
		NG ADDRESS: ttion Section		I/COURIER A	DDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTER INNOVATIONS, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000173002</u>	were filed on 11/06/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	141 ROBERT E. LEE BLVD. UNIT 116
(Principal office address MUST BE A STREET ADDRESS)	NEW ORLEANS, LA 70124
	2 7
Enter new mailing address, if applicable:	141 ROBERT E. LEE BLVD UNIT 116
(Mailing address MAY BE A POST OFFICE BOX)	NEW ORLEANS, LA 70124
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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	HEATH A RUSHING	4405 COMMONS DRIVE EAST	□ Add
		SUITE 301	■ Remove
		DESTIN FL 32541	
MGR	JEFFREY WELLMAN	141 ROBERT E LEE BLVD	■ Add
		UNIT 116	☐ Remove
		NEW ORLEANS LA 70124	
			□ Add
			Remove,
			Remove
			Remove
			Add
			☐ Remove

D. ,	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<u></u>	
		_	
E . 3	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		
	Signature of a member or authorized representative of a member	10 82fal	ŭ
	Typed or printed name of signee		
	The second secon	TO FEB 2	77
	· ·	Na Pik	

Page 3 of 3

Filing Fee: \$25.00