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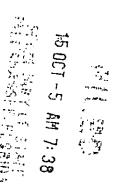
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September 3, 2015

JANET SMITH 345 LA HACIENDA DR INDIAN ROCKS BEACH, FL 33785

SUBJECT: INNOVATIVE PRODUCT DISTRIBUTORS, LLC.

Ref. Number: L15000046649

We have received your document for INNOVATIVE PRODUCT DISTRIBUTORS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 015A00018705

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE	PRODUCT DISTRIBUT	TORS
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit		and assigned
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the OATING SOLU The new name must be distinguishable and contain the words "	TIONS LLC.	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	-
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Enter new mailing address, if applicable:		en al On area.
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	3 3 7
,	<u> </u>	- E (2 : 7 : 15)
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
•	. Florida	
	City , Fibrida _	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

MGR = Manager AMBR = Authorized Member						
<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action			
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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on t	e must be specific ar iis block does not	nd cannot be prior meet the applica	to date of filing o able statutory f	r more than 90 iling requiren	(optional) days after filing. nents, this date) Pursuant	င္သာ ငစ to 605.
e record specifies a del The 90th day after the	ayed effective record is filed	date, but no	t an effectiv	e time, at	12:01 a.m.	on the	earlier
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	Signature of a	member or autho					

Page 3 of 3

Filing Fee: \$25.00