15000/02611

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	INKNOWV	ATIVE CONSULTING L.L.C	•	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Larry A. Bobbitt		
	Name of Person			
		inKNOWvative Consulting	g L.L.C	
			Firm/Company	
		11018 Hyacinth Place		
			Address	
		Bradenton, FL 3402		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Larry A. Bo	bbitt		248 420-8822	
	Name of	Person	Name of Limited Liability Company and fee(s) are submitted for filing. ruing this matter to the following: Bobbitt Name of Person Varive Consulting L.L.C Firm/Company Facinth Place Address n., FL 3402 City/State and Zip Code E-mail address: (to be used for future annual report notification) s matter, please call: at (\frac{248}{\text{Area Code}}) \frac{420-8822}{\text{Daytime Telephone Number}} mount: Filing Fee & \$\Bigsquare S55.00 \text{ Filing Fee & }\Bigsquare S60.00 \text{ Filing Fee,}	
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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, Ft. 32301

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

INKNOWVATIVE CONSULTING L.LC		
(<u>Name of the Limited Liaf</u> (A Flor	oility Company as it now appears on our record ida Limited Liability Company)	<u>S.</u>)
The Articles of Organization for this Limited Liability florida document number $\frac{L15000102611}{L15000102611}$	Company were filed on 6/12/015	and assigned
forida document number	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mited liability company here:	
NKNOWVATIVE TECH Group L.L.C		
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter 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)		
Mutang unaress MAT BL 31 OST OFFICE BOX		
		7
3. If amending the registered agent and/or re-	gistered office address on our records	s, enter the name of the
egistered agent and/or the new registered office a	ddress here:	THE STATE OF THE S
		25 3
Name of New Registered Agent:		9
Number of Otton Addition		49
New Registered Office Address:	Enter Florida street addres.	w
	EL.	orida
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			☐ Remove
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The 90th day after the record is med.				
May 18 2017				
ated	-· !			
	1/-			
Signature of a member or authori	zed representative	e of a member	-	

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Filing Fee: \$25.00