15000119098

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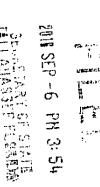


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M. MILLIGAN EXAMINER

SEP - 6



COVER LETTER

SUBJECT:	Hearn Innovat	ive Technology, LL ed Liability Company	<u>C</u>
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Winifred R. M	Name of Person	
	Joe Hearn Ir	novative Technolo	gy,LLC
	c/o Winifred R	Miller/P.O.Box	457
	Crestview,	FL 3253le City/State and Zip Code	1.
	W. milleracct E-mail address: (to	raservices a amo	il.com
For further information con-	cerning this matter, please cal	1:	
Winifred R. Name of P	Miller	at (<u>850</u>) <u>758</u> – Area Code Daytime	1355 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joe Hearn Innova	tive Technology.	LLC 38 Ex	E. Se
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)	E. S. C.
The Articles of Organization for this Limited Liability (Florida document number <u>L15000119098</u>		1/13/2015 and assigned	ر نور نور
This amendment is submitted to amend the following:			√3.7 ∑
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
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 ade		r records, enter the name of th	e new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida .	street address	
	City	, Florida Zip Code	
	- ···y	=	

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name <u>Address</u> Type of Action Winifred R. Miller MGR P.O. Box 457 Crestview FL 3253le Remove □ Change 4648 Northpointe Circle - Add Deena M. Hearn MGR Pensacola, FL 32514 □ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Change

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e record specifies a d The 90th day after th	elayed effective da he record is filed.	ate, but not an ef	fective time, at 12	2:01 a.m. on	the earlier o
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	Signature of a m	ember or authorized rep	resentative of a member	700	
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		Typed or printed name of	f signee	123 (2 128 (2 1772 (1 1773 (1	o P

Page 3 of 3

Filing Fee: \$25.00