## 45000152104

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## **COVER LETTER**

Div	ision of Corp	porations	a		
ena nezet.		TAL INVESTILLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of z	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		PATRICIA GOMEZ AVII	LES		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		<del></del>
		SOLUCAPITAL.			
			Firm/Company		<del></del>
		78 SW 7th Street Suite 500	)		
			Address		
		Miami Fl, 33130			
		pgomezav@gwu.edu	City/State and Zip Code		
		E-mail address: ()	to be used for future annual re	eport notification	nn)
For further is	nformation co	oncerning this matter, please ca	all:		
PATRICIA	GOMEZ AV	ILES		-329-2079	
	Name of	Person	at () Area Code	Daytime Tele	ephone 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 & Certified Copy (additional copy is enclo		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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

SOLUCAPITAL INVESTILLC	. <u> </u>		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on onited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Complete Florida document number 1.15000152104	pany were filed on 09/10/20	015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
INNOVATIVE INVESTING LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
and the same of th			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter	the name of the r
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		Florida	Zip Code
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regi	gent:		
I hereby accept the appointment as registered agent and	l agree to act in this capa	•	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change

(If an	ctive date, if other than the date of filing:
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
וו (ס	ne 90th day after the record is filed.
	May 30, 21019
Date	d May 30, 21019
	1 (I: 1 2 VX 2 V )
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00