

L16000009032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

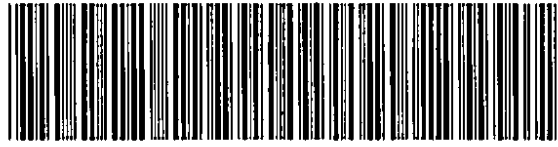
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG - 3 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innoveco LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mariano Llorian	Name of Person
Innovco LLC	Firm/Company
253 NE 2nd Street APT 3908	Address
Miami, FL, 33132	City/State and Zip Code
mariano.llorian@advantaclean.com	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariano Llorian at () 3057138337
Name of Person Area Code Daytime 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ML

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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CLERK OF THE CLERK OF STATE
TALLAHASSEE, FLORIDA

Innovoco LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/13/2016 and assigned
Florida document number L16000009032

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

ML

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DI FABIO, MAXIMILIANO J	253 NE 2nd Street, APT 3908	<input type="checkbox"/> Add
		Miami, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DI FABIO, GISELA I	253 NE 2nd Street, APT 3908	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 3000 EAST STREET
 MIAMI, FL 33132
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE FLORIDA
FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 7/21/2017

Signature of a member or authorized representative of a member

Mariano Llorian

Typed or printed name of signee

ML

Innoveco LLC

Office Address: 236 NE 33rd Street, Oakland Park, 33334, FL

Mailing Address: 253 NE 2nd Street APT 3908, Miami, 33132, FL

Tel: 754.218.8070



7/21/2017

To: Florida Department of State

Re: Business Management Structure

I, Mariano Llorian, hereby state the documentation filled to Remove Maximiliano Jose Di Fabio as Manager of Innoveco LLC and the addition of Gisela Ivana Di Fabio as Manager.

If you need additional information, please contact me on my mobile phone (305).713.8337 or my email address: mariano.llorian@advantaclean.com

The mailing address to return the amendment filed is 253 NE 2nd Street APT 3908, Miami, 33132, FL

Sincerely,

A handwritten signature in black ink, appearing to read 'Mariano Llorian', is written over a horizontal dashed line.

Mariano Llorian

Manager Innoveco LLC