

L16000009223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

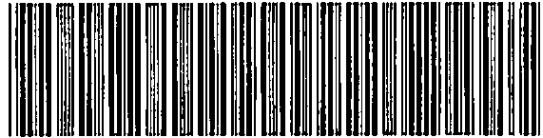
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/21--01012--020 **30.00

STATE
RECORDS
FLORIDA

2021 APR 20 AM 4:54

FILED

305 321-1904

Innovcare1@gmail.com

2336 Center Stone Lane Riviera
Beach, FL 33404

NAVIA BLACKWOOD
AUTHORIZED AGENT

TO: **FLORIDA DEPARTMENT OF STATE**
Division of Corporation

04/12/2021 Name change request attached.

Sincerely

Navia Blackwood

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innovate Assisted Living Facility

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:

Navia Blackwood

Name of Person

Innovate Assisted Living Facility

Firm/Company

2336 Center Stone Lane

Address

Riviera Beach, FL 33404

City/State and Zip Code

Innovcare1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Navia Blackwood

305

321-1904

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Innovate Assisted Living Facility

(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 04/13/2021 and assigned
Florida document number L16000009223.

This amendment is submitted to amend the following:

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

NAVIDA ENTERPRISES, LLC

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)

2336 Center Stone Lane

Riviera beach Fl 33404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Box #11056

1905 W Blue Heron Blvd

Riviera Beach, Florida, 33419

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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2021 APR 20 AM 4:54
 TALLAHASSEE, FLORIDA

2021 APR 20 AM 4: 54
STATE
TALLAHASSEE, FLORIDA

STATE
TALLAHASSEE, FLORIDA

(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)

Dated April 13, 2021

Typed or printed name of signee