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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: INNUVIS USA LL ON Name of Limited Liability Control	ompany
The enclosed Articles of Amendment and fee(s) are submitted for fili	ng.
Please return all correspondence concerning this matter to the following	ng:
Bentamin A.Blower	f Person
INNOUS USA	Dimpany Dimpany
	ress Blad
Pensacola fl City/State an	7250 V
E-mail address: (to be used for f	D Grandil. Com uture annual report notification)
For further information concerning this matter, please call:	
Benjamin A. Blowers at (8) Name of Person Are	SO 686-7586 a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certifi	Filing Fee & ed Copy nal 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	_	PILED
Twwo Ji リシロ として (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our recordability Company)	SECRETARY OF STATE des) FALLAHASSEE, FLORIE
The Articles of Organization for this Limited Liability Company Florida document number 214000071898 .	mailing address, if applicable: mailing address, if applicable: SSYO LEES war Bld	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	C" or the abbreviation "L.l.,C."
Enter new principal offices address, if applicable:	5540 LEESU	par Blud
(Principal office address MUST BE A STREET ADDRESS)	P.Marola FI	7.5.20 4
Enter new mailing address, if applicable:	5540 LEES W	or Blod
(Mailing address MAY BE A POST OFFICE BOX)	Persona FI	32204
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
		lorida Zip Code
	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>	Address	Type of Action
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		Birmingham AL 32509	Remove
			Change
CFO_	Pitts, James R, JR	25 Beech Circle	🗆 Add
		Birmingham, AL 32513	Remove
			Change
CAO	Sweener, William D	1624 HWY 303	□ Add
		shelby, AL 3514	- Remove
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