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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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(Document Number)		<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	vative home F Name of Limi	Repair LLC ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Vince	Name of Person	
		Noveline Pepair LLC	
		h St Address	
_	E-mail address:	City/State and Zip Code Jiberti@gmail. be used for future and al report notifi	cation)
For further information conce			
Name of Per	bech	at (407) 951 Area Code Daytime	2278 Telephone Number
Enclosed is a check for the fo	ollowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovative home Kepa	ir of Mid Florida UC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LIGOON BHH. This amendment is submitted to amend the following:	were filed on $6-13-16$ and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
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>	Type of Action
ma <u>nage</u> MGR	Guillermo Diaz	9177 Nugent trl, west Palm FL 33411	beach Add
, ,,,			□ Remove
			Change
mal	James Redmond	13245 Atlantic Blvd	lk Add
		Jacksonville, 71 3222	5_ Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date	(optional) te of filing or more than 90 days after (iling.) Pursuant to 605.
te: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	statutory filing requirements, this date will not be liste
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
the souli day after the record is filed.	
ted 6-15, 2016	
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ted view , 2014.	\mathcal{A}

Page 3 of 3

Filing Fee: \$25.00