## 116000196445

(Requestor's Name)	
(Address)	—
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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D. SCOTT JAN 4 2017

## **COVER LETTER**

	rporations ECH SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Capri A Delgado			
		Name of Person		
	INNOVATECH SERVICI	ES LLC		
		Firm/Company		
607 Cranebrook Ct				
		Address		
	Oviedo, FL 32766			
		City/State and Zip Code		
	camasa@msn.com			
		to be used for future annual report	notification)	_
For further information c	concerning this matter, please co	all:		
Capri Delgado		201 8140378 at ( )		題生型
Name o	f Person		rtime Telephone Number	ing Fee.
Enclosed is a check for t	he following amount:			733 <del>-</del>
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

INNOVATECH SERVICES LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company villorida document number L16000196445	were filed on 10/25/2016	and assigned
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 "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	49	de Amin's revenue a constant
(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 off registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , <b>Florida</b>	路温田
	City	Zip Code -
New Registered Agent's Signature, if changing Registered Agent:		<b>電台</b> 5
		4.5

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
MGR	Edison F Ortiz	607 Cranebrook et	☐ Add
		Oviedo, FL 32766	Remove
			□ Change
AMBR Capri A Delgado	Capri A Delgado	607 Cranebrook ct	■ Add
		Oviedo, FL 32766	☐ Remove
			☐ Change
		<del></del>	Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			AAA TO Remove
			(D) Change
			Add
		<del> </del>	□ Remove
			☐ Change

- amending any other	information, enter chan	ge(s) nere. (Amaen ada		
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lote: If the date inserted	than the date of filing: he date must be specific and can d in this block does not meet e on the Department of State	the applicable statutory fi	(option or more than 90 days after fi ling requirements, this d	al) ling.) Pursuant to 605.020' ate will not be listed as
	delayed effective date the record is filed.	e, but not an effectiv	e time, at 12:01 a.i	m. on the earlier o
nted December 29th	300	2016		THE SECULLARIANS PHANTS
	Signature of a men	ber or authorized representa	tive of a member	19 2
				- 13 - 13

Page 3 of 3

Filing Fee: \$25.00