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18 JUN 19 PM 3: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUN 2 1 2018 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
INNOTRI SUBJECT:	LIMITED LLC			
SOBJECT:	Name of Lin	ited Liability Company	<u> ,</u>	
	Amendment and fee(s) are sub ondence concerning this matter	_		
	NICOLE J. HUESMANN			
		Name of Person		
	NICOLE J. HUESMANN	, P.A.		7 5 16
		Firm/Company		E T
	150 ALHAMBRA CIRCL	高 三		
		Address	·	
	CORAL GABLES, FL 33134			JUN 19 PN 3: 15 LAHASSEE, FLORIDA
City/State and Zip Code NJHUESMANN@NJHLAW.COM				NOA 15
	-	to be used for future annual report notif	ication)	
For further information c	concerning this matter, please c	all:		
Nicole J. Huesmann		305 858-0220 at ()_		
Name o	f Person		: Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

INNOTRI LIMITED 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 $\frac{11/23/2016}{1}$ and assigned Florida document number 1.16000213605 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 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CHRISTOPH HENKEL	1800 NE 114 ST	■ Add
		APT 1601	Remove
		MIAMI, FL 33181	Change
			□ Remove
			Change TIL
			AHASSEE, FEORIDA Change
			□ Add
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e record specifies a del The 90th day after the			an effective t	ime, at 12:01	a.m. on	the ear	lier o
ated		2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00