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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Registration S Division of Co			
Innotri Lin	nited LLC		
SUBJECT:			
	Amendment and fee(s) are sub		
ricase return an correspo	Nicole J. Huesmann, Esq.	to the tonowing.	
		Name of Person	
	Nicole J. Huesmann, PA		
	150 Alhambra Circle, Suit	Firm/Company e 1150	
	Coral Gables, FL 33134	Address	
	njhuesmann@njhlaw.com	City/State and Zip Code	
For further information o	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)
Nicole J. Huesmann		305 858-0220 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fcc	☐ \$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)
	DIC ADDRESS.	CTD PETICOLIDA	CD ADDDEC

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

innoth Limited LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	Company were filed on November 23, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "EL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office address: New Registered Office Address:	tered office address on our records, enter the name of the new ress here:
110W Trogistered Office Hadiess.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and Lam familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
	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	Steffen Brandt	1800 SW 1st Avenue	
		Suite 507	
			Remove
		Miami, FL 33129	
			Change
			Change
			□ Remove
			· · · · · · · · · · · · · · · · · · ·
			Change
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			□ Add
			Remove
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			☐ Remove
			□ Change
			Nomove
			☐ Change

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Note:	ive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Datad	June 26A 2019 Lus top 4 few lu Signature of a member or authorized representative of a member
Dateu	
Dated	distoph fee lu C

Page 3 of 3

Filing Fee: \$25.00