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Office Use Only



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O SIMMONS FEB 0 \$ 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE : 502019 8124467

AUTHORIZATION : Symbolic

COST LIMIT : '\$ 25'.00

ORDER DATE: February 7, 2017

ORDER TIME : 3:19 PM

ORDER NO. : 502019-005

CUSTOMER NO: 8124467

DOMESTIC AMENDMENT FILING

NAME: INNOVATIVE RESCUE

SOLUTIONS-FLORIDA LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE RESCUE SOLUTIONS-FLORIDA LLC (Name of the Umited 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 02-01-2017 and assigned Florida document number L17000025558 This amendment is submitted to amend the following:

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Agent's Signature, If changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

. Florida

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>	Name	<u>Address</u>	Type of Action
AMBR	Sid Powell	9108 Capistrano Street South, Unit 7406	D Add
		Naples, FL 34113	Pernove
			☐ Change
-		***************************************	
			☐ Remove
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	- - -
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.	05.0207 (3)(b) isted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed. Dated	tler of:
Sid Powell	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00