

L17 000068991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

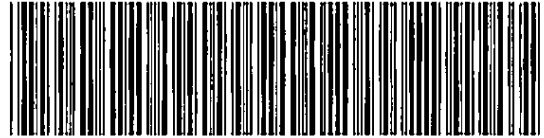
(Business Entity Name)

(Document Number)

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2022 OCT 12 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATION CONTRACTOR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON CHEN

Name of Person

DEMING & ASSOCIATES CPA

Firm/Company

15970 W State Road 84, #339

Address

Sunrise, FL 33326

City/State and Zip Code

SHARON@FLDACPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON CHEN

954
at ()

2897922

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INNOVATION CONTRACTOR 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 03/27/2017 and assigned
Florida document number L17000068991.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15970 W State Road 84

#339

Sunrise, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15970 W State Road 84, #339

Sunrise, FL 33326

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:

BIN HU

New Registered Office Address:

15970 W SR 84, #339

Enter Florida street address

SUNRISE


City

Florida 33326

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>	<u>Type of Action</u>
MANAG	HUANG, MIN	11798 JAYLYN CT	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Remove
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TALLAHASSEE, FL

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[illegible]

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00