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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| SUBJECT: Reed | - Till nan Inve | Streets UC pited Liability Company | |
| The enclosed Articles of A | amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | | Name of Person an Investments Firm/Company | |
| | 3163-28 | liza Rd Address | |
| | _ Tallahare | city/State and Zip Code Crocter + 1h. com to be used for future annual report notif | |
| For further information co | | | <u></u> |
| Holly Read | Person | at (850) 556- Area Code Daytime | 9199 (a) |
| Enclosed is a check for the | | | |
| □ \$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) |
| Mailing Addison | | _ | |

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

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company | y were filed on and assigned |
| Florida document number <u>L17000118886</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lial | |
| Innovative Edge Tayest ne | ent LLC |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 3163-2 Eliza Rd |
| (Principal office address MUST BE A STREET ADDRESS) | 3163-2 Eliza Rd Tallahasser, F1. 32308 |
| | 0.20 |
| Enter now mailing address if and in the | 3163-2 Eliza Rd. Tallabessee Fl. 323085 |
| Enter new mailing address, if applicable: | -3163 2 Elila Rd. |
| (Mailing address MAY BE A POST OFFICE BOX) | 14 (1a) x ssee FL. 3 23085 |
| | |
| P. If amonding the resistant and a set of the set of th | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registe |
| Name of New Registered Agent: Holls | , N. Reed |
| | |
| New Registered Office Address: 3163 | - 2. Eliza Rol Enter Florida street address |
| | |
| Taka | City Florida 32308 Zip Code |
| | Cip 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> | Address | Type of Action |
|--------------|----------------------|---|----------------|
| President | Holly N Reed Tillnam | 31103 Eliza Rd S | 🖸 Add |
| | · | Tallahassee Fl. 32308 | |
| | | | Change |
| President | Holly N Reed. | 3163 Eliza Rd 2 | □Add |
| ei: | | 3163 Eliza Rd 2 Tallahasser, Fl. 32308 | ·i,Remove |
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| n effecti | ne date inserted in this | the date of filing: must be specific and cannot be prior to shock does not meet the applicate Department of State's records. | date of filing or more than 90 da | (optional) ys after filing.) Pursuant to 605.020 ats, this date will not be listed as |
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Filing Fee: \$25.00