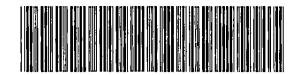
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COVER LETTER

TO:	Registration Se Division of Co			
CUBI		Property Group, LLC		
SUBJI	EC1:	Name of Lir	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Ariel Vargas		
			Name of Person	
		Innovative Property Group	p, LLC	
			Firm/Company	
		1978 Fishtail Fern Way		
		-	Address	
		Ococe, Florida 34761		
		arielvargas!@msn.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please c	all:	
Ariel V	argas		407 558-5161	
	Name of	f Person		ne Telephone Number
Enclose	ed is a check for th	ic following amount:		
■ \$25	5.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovative Property Group, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned
lorida document number 1.17000143090		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	0	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		77 >
		=
		ce
. If amending the registered agent and/or registered	office address on our records, en	nter the name of the
egistered agent and/or the new registered office address l	<u>nere</u> :	<u>a</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	9
	City	Zap 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>	Type of Action
AMBR	Ariel Vargas	1978 Fishtail Fern Way, Ocoee, FL	
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			□ Remove
			Change
			Add
			Remove
			Change
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ctive date, if other than the da	te of filing:		(antiall)	6.5
effective date is listed, the date must be	specific and cannot be prior to	date of filing or more than	(optional) 190 days after filing.)	Pursuant to 605.
If the date inserted in this block ment's effective date on the Depa	does not meet the applicat	ole statutory filing requi	rements, this date	will not beliste
•				
ecord specifies a delayed e e 90th day after the record	ffective date, but not d is filed.	an effective time,	at 12:01 a.m. (
October 31st	2017			
d		_•		
	Walje			
	metion of a monthly or buthor	zed representative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00