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<u> </u>	(Requestor's Name)
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S. WARREN AUG 0 9 2017

COVER LETTER

Division of Cor			
SUBJECT:	NOVATIVE //	NANEUVERING ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EARL	BROWN JR, Name of Person	
		Firm/Company	
		• •	
	20006	NW J2 NO P2	LACE
		City/State and Zip Code to Co 9 mg/ Con to be used to future annual report noti	
For further information of	oncerning this matter, please ca		(Catton)
roi iurmer miormation et	oncerning this matter, prease ca	411.	
Name of	f Person	at ()Daytime	e Telephone Number
Enclosed is a check for th	e 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/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 A		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear orida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liabilit		Tury 21, 2017 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	limited liability company he	ere:
LOBOTY MANEUV The new name must be distinguishable and contain the words "	ERING LLC	
The new name must be distinguishable and contain the words "	Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Entra Ulv	ida street address
	ther rio	
· -	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of d agent as provided for in C tered office address, I herel	my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is by confirm that the limited liability
	If Changing Registered Ag	cent, Signature of New Registered Agent
	Dans 1 - 62	
	Page 1 of 3	<i>≒</i> ; ••

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 | Address **Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change DbA 🗆 □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ **G**hange_□

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Filing Fee: \$25.00