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COVER LETTER

Division of Corporations
SUBJECT: Innovative Property Upgrades 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:
Natasha Allan Name of Person
Innovative Property Upgrades, LLC
2350 N. University Dr # 84104/
Pembroke Pines F1 33084 5
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Natasha Allen at 754, 273-3938 Name of Person at 754, 273-3938 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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 Proper	van as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 17000195618</u>	y were filed on 9202017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Throughte Property Clear The new name must be distinguishable and contain the words "Limited Liab	oning Services, LLC oility Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2350 N. University Dr. # 8410H Pembroke Pines, Fl 33084
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2350 N. University Dr. #84104 Pembroke Pines, Fl 33884
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City 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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	Lothario Warren	2001 NW 3Th Terrace Lauderdale Lakes, F1	🗖 Add
		Lauderdale Lakes, F1	Remove
		33311	□ Change
			Add
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00