Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **INNOVATE & YOU LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

4 SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovate & You LLC				<u> </u>
(<u>Name of the Limited</u> (/	Liability Compa Florida Limited	my as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liab	bility Company	were filed on	an	d assigned
Florida document number L17000256023	 ·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applical	ble:	7901 4th St N		20 ?
(Principal office address MUST BE A STREET ADDI		STE 300		<u></u>
		St. Petersburg, F	L 33702	<u> </u>
Enter new mailing address, if applicable:		7901 4th St N		
(Mailing address MAY BE A POST OFFICE B	STE 200			
St. Petersburg, FL 33702		FL 33702		
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter the na	ume of the new
Name of New Registered Agent:	Registere	d Agents Inc.		
New Registered Office Address:	7901 4th	St N STE 300 Enter Florida str	reet address	
	St. Peters	burg	. Florida 33702	
		Cüy	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>	Address	Type of Action
AMBR	VINEET JAIN	7901 4th St N	
		STE 300	☐ Remove
		St. Petersburg, FL 33702	2 Change
			□ Add
			Remove
			Change
			☐ Remove
			🗅 Change
			D Add
			Remove
			□ Change
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			□ Remove

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Mactive date if other than	the date of filing:		(optional)	
f an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet the	applicable statutory ti	(optional) more than 90 days after filing.) Pulling requirements, this date will	rsuant to 605.0207 I not be listed as
e record specifies a dela The 90th day after the	yed effective date, b record is filed.	ut not an effective	e time, at 12:01 a.m. on	the earlier of
August 14	20	20		

Page 3 of 3

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Typed or printed name of signee