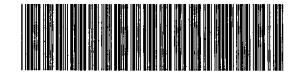
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## **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT:		IVE VENTURES and HOME	DESIGN, LLC	
SUBJECT:		Name of Lim	ited Liability Company	***************************************
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		DENNIS L. ALLEN		
			Name of Person	<del></del>
		INNOVATIVE VENTUR	ES and HOME DESIGN, LLC	
			Firm/Company	
		9061 GULF COVE DRIV	Е	
		· <del></del>	Address	
		LAKE WORTH, FL 3346	7	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		blackhawk6917.dla@gmail		
		E-mail address: (	to be used for future annual report notifi-	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
DENNIS L.	_		954 588-6917 at ()	
	Name of	Person	Area Code Daytime	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 VENTURES and HOME DESIGN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	Company were filed on FEB.22, 2018	and assigned
Florida document number L18000048192		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company "the decionation "LLC" or the ab	obreviation "L.I.C."
	med blacing company, the debignation 1920 of the de	oreviation is a.e.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		the name of the no
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the no
		the name of the no
registered agent and/or the new registered office add  Name of New Registered Agent:		2018 KAR 2
registered agent and/or the new registered office add	Enter Florida street address	2018 KAR 26
registered agent and/or the new registered office add  Name of New Registered Agent:	Enter Florida street address Florida 0	2018 MAR 26 PM 1:
registered agent and/or the new registered office add  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  City  Florida  City	2018 KAR 26
registered agent and/or the new registered office add  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:	Enter Florida street address  City  Cat Agent:	2018 HAR 26 PK I Code
registered agent and/or the new registered office add  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  Enter Florida street address  City  Ed Agent:  and agree to act in this capacity. I further agreemplete performance of my duties, and I am forgent as provided for in Chapter 605, F.S. Or, ed office address, I hereby confirm that the lim	ZipCode  ree to comply with the familiar with and if this document is
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registered	Enter Florida street address  Enter Florida street address  City  Ed Agent:  and agree to act in this capacity. I further agreemplete performance of my duties, and I am forgent as provided for in Chapter 605, F.S. Or, ed office address, I hereby confirm that the lim	Zip Code  ree to comply with the familiar with and if this document is

· 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 **Title** Name <u>Address</u> **Type of Action** VP PHILLIP B. WHITTAKER 1897 SW 94 Ave □ Add Miramar, FL 33025 ■ Remove ☐ Change \_□ Add □ Remove ☐ Change \_□ Add ☐ Remove \_□ Change \_ Add ☐ Remove \_□ Change □ Add \_□ Remove \_□ Change \_□ Add

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Typed or printed name of signee

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Filing Fee: \$25.00