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(Requestor's Name) (Address) (Address)	400315694414
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COVER LETTER

TO: **Registration Section Division of Corporations**

Innovative Software Development Technologies LLC SUBJECT:

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:

	Name of Person
	Firm/Company
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III SOUTH	Address
W.est Paln	Address A Beach FL 33401 City/State and Zip Code
W.est Paln	Address A Beach FL 33401

For further information concerning this matter, please call:

at (Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ★ \$25.00 Filing Fee □ \$30.00 Filing Fee & \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 Software Development Technologies LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>April 11, 2018</u> and assigned Florida document number <u>1.18000091298</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	B JU
	6
Enter new mailing address, if applicable:	AM RPO
(Mailing address MAY BE A POST OFFICE BOX)	9: PAT

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Massimiliano Fiano		
New Registered Office Address:	777 South Flagler Dr. Suite 800 W		
<u></u>	Enter Flo	orida street address	
	West Palm Beach	, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Massimiliano Fiano	777 S Flagler Dr. Suite 800W	₽ ∧dd
		West Palm Beach, FL 33401	Remove
			Change
MGR	Ann Fiano	777 S Flagler Dr. Suite 800W	
		West Palm Beach, FL 33401	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

June 25 Dated

2018

Signature of a member or authorized representative of a member

Ann Fiano

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00