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R. WHITE FEB 1 8 20.5

COVER LETTER

	FIRM, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pierry Novais		
	INNOVA FIRM, LLC	Name of Person	
	951 Brickell Ave. Unit 350	Firm/Company 99	
	Miami, FL 33131	Address	
	admin@byinnova.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca	ull:	
Pierry Novais		305 800-5323	
Name o	nt Person	at () Area Code Daytime	Felephone Number
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INNOVA FIRM, LLC

2019 FEB 11 PH 4:38

(A Flori	da Limited Liability Company)	TALL ASSEE, FI
The Articles of Organization for this Limited Liability Florida document number 1.18000140391	Company were filed on 06/00	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here	2:
The new name must be distinguishable and contain the words "L	imited Liability Company,7 the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	951 Brickell Ave.	Unit 3509
(Principal office address MUST BE A STREET ADI	ORESS) Miami, FL 33131	
Enter new mailing address, if applicable:	951 Brickell Ave.	Unit 3509
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	•	our records, <u>enter the name of the r</u>
951	Brickell Ave, Unit 3509	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		a street address
Mia	mi	Florida
	Cuy	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> TAPIAS LAFAURE, HELGA	<u>Address</u>	Type of Action
AMBR	MATILDE	86 SW 8TH STREET, UNIT 2206	
		MIAMI, FL 33130	■ Remove
			☐ Change
AMBR	SILVA, PIERRY, SR	954 Brickell Ave. Unit 3509	
		MIAMI, FL 33131	□ Remove
			■ Change
			□ Add
		Remove	
			☐ Change
			□ Remove
		Change	
			□ Add
			Remove
			Change
			D Add
			Remove
			Change

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Effec	tive date if other than the date of filing: (optional)
(If an e	tive date, if other than the date of filing;
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docui	nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Datec	January 31st 2019
Datec	
	Helpa Orman
	Signature of a member or authorized representative of a member

Page 3 of 3

Fyped or printed name of signee

Filing Fee: \$25:00