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Office Use Only



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COVER LETTER

TO: Registration Se Division of Con		-	
INNOVAR SUBJECT:	R AG LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	ANDREW SEMPLE	Č	
		Name of Person	
	036 M DENEMA DO STE	Firm/Company	
	935 N BENEVA RD, STE	, 609-1018	
	SARASOTA, FL 34232	Address	
	ANDREW@INNOVARAC	City/State and Zip Code G.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please concerning	all:	
ANDREW SEMPLE		812 629-5937 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)

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

INNOVAR AG LLC			
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 6/13/2018	and a	ssigned
Florida document number L18000145792			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "	L.L.C."
Enter new principal offices address, if applicable:	935 N BENEVA RD, STE 609-1018		
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34232	4	
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			(i.)
Enter new mailing address, if applicable:	935 N BENEVA RD, STE 609-1018	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34232	-	<u> </u>
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		Ithé name	e of the new
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	e

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>	<u>Address</u>	Type of Action
AMBR	ANDREW SEMPLE	19046 BRUCE B DOWNS BLVD TAMPA, FL 33647	
			Add
			■ Remove
			Change
AMBR	GREENFIELD AGENCIES INC		
			Add
		19046 BRUCE B DOWNS BLVD #1093 TAMPA, FL 33647	
			□ Remove
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ffective date, if other than the date of filing:	(opti	onal)	÷.
f an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable stock document's effective date on the Department of State's records.	of filing or more than 90 days after satutory filing requirements, thi	r filing:) Pursua s date will not	nt to 605,020 t be listed a
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a	a.m. on the	e earlier o
NOVEMBER 15 2018			
Signature of a member or authorized	representative of a member		
·	•		
ANDREW SEMPLE, PRESIDENT, GREENFIELD AGE	NCIES INC e of signee		

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Filing Fee: \$25.00