

L18 000145792

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovar Ag LLC

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:

Carrie Garcia

Name of Person

Innovar Ag LLC

Firm/Company

4830 West Kennedy Blvd., Suite 600

Address

Tampa, Florida 33609

City/State and Zip Code

finance@innovarag.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Garcia

813

833-4133

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 &
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Innovar Ag LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/19/2018 and assigned
Florida document number L18000145792.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4830 West Kennedy Blvd.

Suite 600

Tampa, Florida 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4830 West Kennedy Blvd.

Suite 600

Tampa, Florida 33609

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

Name of New Registered Agent:

Carrie Garcia

New Registered Office Address:

326 Wooten Road

Enter Florida street address

Lutz

Florida 33548

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.

Carrie Garcia

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>	<u>Type of Action</u>
AMBR	Akat Holdings LLC	5473 Blair Rd., Suite 100	<input checked="" type="checkbox"/> Add
		PMB 908125	<input type="checkbox"/> Remove
		Dallas, Texas 75231	<input type="checkbox"/> Change
AMBR	Antonio Asebedo	1530 P B Ln	<input checked="" type="checkbox"/> Add
		A5629	<input type="checkbox"/> Remove
		Wichita Falls, Texas 76302	<input type="checkbox"/> Change
MGR	Carrie Garcia	326 Wooten Road	<input checked="" type="checkbox"/> Add
		Lutz, Florida 33548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Greenfield Agencies Inc	11913 Meadowgate Place	<input type="checkbox"/> Add
		Bradenton, Florida 34211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated October 17, 2024.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00