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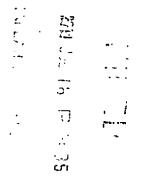
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(Business Entity Name)
(Document Number)
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n BRUCE JUL 21 2018

COVER LETTER

SUBJECT:	FIVE REALITY AND RESTOR	RATIONS LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DAWN MINNON			
		Name of Person		
	INNOVATIVE REALITY	AND RESTORATIONS LLC		
		Firm/Company	 	
	3651 15TH ST N			
		Address		- E5
	ST PETERSBURG, FL 33	704	<u></u>	ند. د ج د ج
		City/State and Zip Code	.,	·
	dlmbilly5@outlook.com			-
	E-mail address: (to be used for future annual report notif	ication)	Ū
For further information	concerning this matter, please c	all:		
Dawn Minnon		413 289-6489	•	W!
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified C	of Status &	
MAII	INC ADDRESS.	STRFFT/COURI	FR ADDRESS:	

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

TO:

Registration Section

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

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

INNOVATIVE REALITY AND RESTORATIONS LLC

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

(A France C				
The Articles of Organization for this Limited Liability Company	were filed on 8:20 A	.M JULY 03,2018	and a	ssigned
Florida document number L18000162344				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
INNOVATIVE REALTY AND RESTORATIONS LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abl	reviation "	L.IC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u>	8/3 22	
		:	, -: , :	•
			٦. —	•
Enter new mailing address, if applicable:			77	. 1
(Mailing address MAY BE A POST OFFICE BOX)				
		$\dot{\cdot}$	الما	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ır records, <u>enter</u>	the na <u>m</u>	e of the
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
		, Florida		
	City		Zip Coa	

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 **Type of Action Address Title** Name _□ Add ☐ Remove ☐ Change ☐ Remove _□ Change □ Remove _□ Change □;Add □ Remove ري ري الاري الاري □ Add _□ Remove _□ Change _🗖 Add

☐ Remove

_□ Change

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		a delayed er the reco			but not	an effe	ctive tin	ne, at 1	2:01 a.r	n. o	n the e	arlier
Dated		-11_ un 4		2	018	<u> </u>						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00