

L18000 162344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

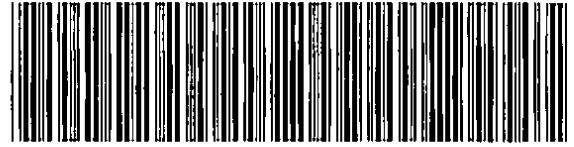
(Business Entity Name)

(Document Number)

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JUL 27 2019

S. YOUNG

FILED
19 JUL 22 PM 2:14
SECURITY FILE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE REALTY & RESTORATIONS 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:

WAYNE T. Murray
Name of Person

INNOVATIVE REALTY & RESTORATIONS LLC.
Firm/Company

2520 27th Ave N
Address

ST PETERSBURG FL 33713
City/State and Zip Code

wtm41061@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAYNE Murray at (727) 543 1840
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

INNOVATIVE REALTY AND RESTORATIONS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
19 JUL 22 PM 2:14
CLERK OF CIRCUIT COURT
IN ALLEN COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/03/2018 and assigned
Florida document number L18000162344.

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)

INNOVATIVE REALTY AND RESTORATIONS
2520 27th Ave N
ST PETERSBURG FL 33713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

INNOVATIVE REALTY AND RESTORATIONS
2520 27th Ave N
ST PETERSBURG FL 33713

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:

New Registered Office Address:

Enter Florida street address

City Florida 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAWN MINNICK	PO Box 446	<input checked="" type="checkbox"/> Add
		Bondsville Ma 01009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Michael Murray	8301 390 112 th Ave N Unit 8301	<input checked="" type="checkbox"/> Add
		ST PETERSBURG FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KZWORTH M SHOVELTON	6614 27 th ST W	<input checked="" type="checkbox"/> Add
		ST PETERSBURG FL 33702	<input 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)

(b) ~~The 90th day after the record is filed.~~

Dated

July 16 . 2019

Signature of a member or authorized representative of a member

Wayne T. Murray
Typed or printed name of signer