1900067643

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Cor				
SUBJE		INNOVATION SERVICES L	LC		
SUBJE	-li <u></u>	Name of Lim	ited Liability Company		
The enc	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		M: MARTIN Y	Name of Person	_	
		TAX-MEDIC			
			Firm/Company	_	
		7 911 NW 72ND AVE SUI	GAGIW. 7th AVE	_	
		MEDLEY PL 33166	tialech, FL 33014	2019	
		MACCIEGTA VMEDICOL	City/State and Zip Code		
		MAGGIE@TAXMEDIC91	to be used for future annual report notification)	R 28	- - 1
For furth	er information c	oncerning this matter, please ca		그리 교	1 + 1 mm - 1
M. MÀ			305 699-4077 at ()		¥
	Name o	f Person	Area Code Daytime Telephone Number	T 35 00	
Enclosed	l is a check for th	ne following amount:			
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &	
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	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

TERRAZO INNOVATION SERVICES LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number L19000067643	were filed on 03/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
TERRAZZO INNOVATION SERVICES LI.C		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	1/8.	2016 FAL
	10/11	至
		20 20 20
Enter new mailing address, if applicable:		77 77 77 77 77 77 77 77 77 77 77 77 77
(Mailing address MAY BE A POST OFFICE BOX)		20 60 173
	${}$	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		ン
B. If amending the registered agent and/or registered off		er the name of the nev
registered agent and/or the new registered office address here:	:	
Name of New Buristand Assets	\	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ishier Fioriad Street address	
	, Florida,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Tap Court
· · · · · · · · · · · · · · · · · · ·	a to one in this manufact. I fouth on	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I an covided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

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
			Add
			Remove
			Change
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ective date, if other than the date of filing: (Optional) effective date, if other than the date of filing: (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unrent's effective date on the Department of State's records. Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier he 90th day after the record is filled. Ed. 03 - 13 - 2019 Manual Manual Ameniber or authorized representative of a member						
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Signature of a member or authorized representative of a member						
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Filing Fee: \$25.00