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TO:

TO:	Registration Se Division of Cor			.نند
61110	LaRosa Inn JECT:	ovations, LLC	. •	
SUB	JEC1:	Name of Lim	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ondence concerning this matter	to the following:	`
		Penilopee LaRosa		
		LaRosa Innovations, LLC	Name of Person	
		25941 US Hwy 19 N #154	Firm/Company 55	
		Clearwater, FL 33766	Address	
		larosa@larosainnovations.c	City/State and Zip Code om	
For t	urther information c	E-mail address: (oncerning this matter, please ea	to be used for future annual report no all:	1 notification)
Peni	lopee LaRosa		727 408-5506	
	Name o	f Person		inie Telephone Number
Enck	osed is a check for th	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUI Registration Sec Division of Corp Clifton Building	orations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

LaRosa Innovations, 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 $\frac{04-2}{1-19}$ Florida document number L19000114397 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 "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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

City

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicholas La Rosa	25941 US Huy 19N # 15455 Clear water, FL 33744	D ./\dd
			Remove
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(It an e Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl e 90th day after the record is filed.
Dated	May 21 (2019)
	Signature of a member of authorized representative of a member
	Penilopee LaRosa Typed or printed name of signee

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Filing Fee: \$25.00