L19000145043

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

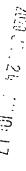




800339554048

01/24/20--01009--028 **25.00

R WHITE



COVER LETTER

| Division of Cor | porations | | |
|----------------------------|--|---|---|
| SUBJECT: TV | Name of Lim | or Innovator, ited Liability Company | LCC. |
| The enclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Michael | G. Sarel, Jr. | |
| | The His | o Acp Innover | sr, LCC. |
| | | e Way | |
| | Sanford | FL 32773 | |
| | mike. Soci | FL 32773 City/State and Zip Code 81 @ 5 mail. Con to be used for fitting annual report notif | 1 ication) |
| For further information co | oncerning this matter, please co | | |
| Mike Sore | Person | $\underbrace{\begin{array}{ccc} \text{at } (407) & 3/4 \\ \text{Area Code} & \text{Daytime} \end{array}}$ | -7570 |
| Enclosed is a check for th | e following amount: | | |
| X \$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 radditional copy is enclosed) |
| | | | |

TO:

Registration Section

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, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Hip Hop | any as it now appears on our records. 1-10: 17 Liability Company) |
|---|--|
| (<u>Name of the Limited Liability Comp</u> ; (A Florida Limited | any as it now appears on our records.) (10: 17 Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000145043</u> | were filed on $\frac{D5/31/19}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility 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) | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registere |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | , Florida Zip Code |
| | |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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> | | Address | Type of Action |
|--------------|-------------|-----------------|----------------------------------|---------------------|
| residen | + Michael | raela Sovel, Fr | 2980 Pine Way Sunford FL 3277 | (C A((d |
| Mich | rael G. | Sorel, Jr. | Sunford FL 3277 | 73 □Remove |
| _ | | | | □Change |
| | | | | <u> </u> |
| | | | | · · - · |
| | | | | |
| | <u></u> | | | |
| | | | | |
| | | | | 7 |
| | | | | □Remove |
| | | | | □ Change |
| | | | | 🗆 Add |
| | | | | □Remove |
| _ | | | | □Change |
| | | · | | □Add |
| | | | | □Remove |
| | | | | □Change |

| _ | |
|------------------|--|
| - | |
| _ | · |
| | |
| - | |
| | |
| _ | |
| - | |
| | |
| _ | |
| - | |
| | |
| - | |
| - | |
| | |
| | |
| _ | |
| | |
| - | |
| _ | |
| \ | |
| - | |
| _ | |
| | |
| ffact | ive date, if other than the date of filing: |
| an eff | ective 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 |
| ote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| JCuiti | ent's effective date on the Department of State's records. |
| | |
| recor Lis fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the |
| 12 11 | Cu. |
| _ | Tanua 2220 |
| ated | January 22, \$ 2020 |
| | |
| | Signature of a member or authorized representative of a member |
| | |
| | Michael George Sorel, Tr. Typed or primed name of signee |
| | $\mathbf{T} = \mathbf{T} \cdot \mathbf{U} \cdot $ |