(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:

Office Use Only



500341706005

03/17/20--01012--015 \*\*25.00

O. I. A. A. I. WHOOL

MAR 3 1 2020

; Kinsey

## **COVER LETTER**

TO:

Registration Section

Division of Corp	orations	
SUBJECT:	15M - Pelm Name of Limi	Terrece LLC ted Liability Company
The enclosed Articles of A	unendment and fee(s) are subr	nitted for filing.
Please return all correspon	dence concerning this matter t	o the following:
	Piler	Name of Person
	Innovetion	Senior Mangement, LLC Firm/Company
İ	1688 N	Peridian De Suile 700
	Miami	Beach, 12 33/39 City/State and Zip Code
	$\overline{}$	City/State and Zip Code
	E-mail address: (to	o be bused for Tuture annual report notification)
For further information co	ncerning this matter, please ca	II:
$\sim$ .	_	
1100 C	arvolal	at (305) 439-7050  Area Code Daytime Telephone Number
Name of	Person J	Area Code Daytime Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address</u> Registration Se		Street Address: Registration Section
Division of Co		Division of Corporations
P.O. Box 6327	, <b>-</b>	The Centre of Tallahassee
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ellace l	_ L C
s it now appears on	
re filed on $\frac{7}{}$	$\frac{29/2019}{2019}$ and assigned
	,
company here:	
k	
Company," the design	ation "LLC" or the abbreviation "L.L.C."
	<i>(γ</i> ) <b>(γ</b> )
	920 AL
	A T
	SS
	SSE TO
····	(; <b>t</b>
ess on our recor	ds, <u>enter the name of the new registere</u>
Enter Florida s	reet address
	, Florida
City	Zip Code
	re filed on

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
	<del></del>		□Add
			□Remove
			□Change
			[]Remove
			□Add
			□Remove
			🗆 Change
			□Add
		Remove	
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change

n 2/1/2020	-
	-
	-
	_
	•
	-
	_
	-
<b>a</b> 2/1/2020	_
n 2/1/2020	_
a 2/1/2020	
<b>a</b> 2/1/2020	-
<b>a</b> 2/1/2020	-
<b>a</b> 2/1/2020	_
a 2/1/2020	
<b>a</b> 2/1/2020	-
<b>a</b> 2/1/2020	-
a 2/1/2020	
ffective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte Lis filed.	r the
ated	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	