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(City/State/Zip/Phone #)

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20 APR 19 AM 8:58

Amend

APR 29 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innovation Village, 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:

Mark Hunter

Name of Person

Innovation Village, LLC

Firm/Company

2031 2nd St S

Address

St Petersburg FL 33705

City/State and Zip Code

markjhunter@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Hunter

727 219 4261
at ()

Name of Person

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)

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, FL 32303

FILED
STATE
SECRETARY OF CORPORATION
2022 SEP 15 AM 8:58

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Innovation Village, 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 8/27/19 and assigned
Florida document number L19000218184.

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:

2031 2nd St S

(Principal office address MUST BE A STREET ADDRESS)

St Petersburg FL 33705

Enter new mailing address, if applicable:

2031 2nd St S

(Mailing address MAY BE A POST OFFICE BOX)

St Petersburg FL 33705

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:

Mark Hunter

New Registered Office Address:

2031 2nd St S

Enter Florida street address

St Petersburg

City

Florida 33705

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>
MGR	Mark Hunter	145 20th Ave SE	<input type="checkbox"/> Add
		St Petersburg FL 33705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mark J Hunter Revokable Living T	2031 2nd St S	<input checked="" type="checkbox"/> Add
		St Petersburg FL 33705	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Kate SONTOHARTONO	145 20th Ave SE	<input type="checkbox"/> Add
		St Petersburg FL 33705	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Authorized Member full name is: Mark J Hunter Revokable Living Trust

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 10 2020



Signature of a member or authorized representative of a member

Mark Hunter

Typed or printed name of signee

Filing Fee: \$25.00