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PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

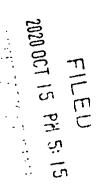
Office Use Only



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11/18/20



COVER LETTER

Registration Section Division of Corporations

TO:

Innovative SUBJECT:	Growth Partners LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fatimeh Barrie		
		Name of Person	
	Innovative Growth Partner	s LLC	
		Firm/Company	
	16644 Broadwater Ave		
		Address	
	Winter Garden, FL 34787		
	 	City/State and Zip Code	
	barricbusiness1@gmail.con	า	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	ail:	
Fatimeh Barrie		727 482-7480 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)
The Articles of Organization for this Limited I Florida document number L19000246716	Liability Company were filed o	October 1, 2019 and assigned to the state of
This amendment is submitted to amend the fol	lowing:	نان الله الله الله الله الله الله الله ا
A. If amending name, enter the new name of	of the limited liability compa	ny 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 appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addresses		our records, enter the name of the new registere
Name of New Registered Agent:	Fatimeh Barrie	
New Registered Office Address:	15502 Stoneybrook West Pa	rkway Ste. 104-169
	Ente	er Florida street address
	Winter Garden	, Florida ³⁴⁷⁸⁷
	City	Zip Code

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

Innovative Growth Partners LLC

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.

f Shanging 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	Type of Action AGG Remove
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			□ Remove
			Change
			DAdd
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Effectiv	e date, if other than the date of filing:	
lf an effe Note: I	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	.0207
docume	t's effective date on the Department of State's records.	.u as
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
d is file		
Dated _	October 08 , 2020.	
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	\mathcal{M}_{∞}	
	Cincoln Communication of the C	
	Signature of a member or authorized representative of a member	

E. D. 035.00