

6/2/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000165838 3)))



H20000165838ABCO

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JAMES A. SCHMIDT, P.A.  
Account Number : I20120000088  
Phone : (813)250-3700  
Fax Number : (813)250-3701

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*

Email Address: jas@schmidtlawoffice.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUN -3 AM 10:57

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INNOVATIVE AGRICULTURE TRADE & DEVELOPMENT  
PARTNERS,

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2020 JUN -3 AM 7:24

Y. SUKKEE

JUN 04 2020

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000165838 3)))  
**COVER LETTER**

**TO: Registration Section  
 Division of Corporations**

**SUBJECT: INNOVATIVE AGRICULTURE TRADE & DEVELOPMENT PARTNERS, 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:

JAMES SCHMIDT, ESQ.

Name of Person

JAMES A. SCHMIDT, P.A.

Firm/Company

2904 W BAY TO BAY BLVD

Address

TAMPA, FL 33629

City/State and Zip Code

JAS@SCHMIDTLAWOFFICE.COM

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

For further information concerning this matter, please call:

JAMES SCHMIDT

813

250-3700

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

(((H20000165838 3)))

(((H20000165838 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE AGRICULTURE TRADE & DEVELOPMENT PARTNERS, 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 May 22, 2020 and assigned  
Florida document number L20000140323.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

INNOVATIVE AGRICULTURE TRADE & DEVELOPMENT, LLC

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:**

(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 the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*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>
_____	_____	_____	<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
_____	_____	_____	<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.)*

((H20000165838 3)))