

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

Office Use Only



300350497063

08/17/20--01010--030 \*\*25.00

(23) (1) (ME2)

OCT 0 3 2020

## COVER LETTER

SURJECT: I OO	Dilative I	!luminations	IIC
Sobober,	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Division of Corporations  SIECT: Inchical Clability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:    Company		
	Invovative	Firm/Company	ONS
	7901 4th C	SIN Ste 300 Address	<del></del>
	St. Petersburg	FL 33703 City/State and Zip Code	
	F-mail address (to	he used for future annual report notif	ication
		·	(catton)
For further information cor	ncerning this matter, please cal	H:	
GREMTAH	WHITE	00 (COIN) 775 6	152
		Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Registration Se Division of Co	ection rporations	Registration Sec Division of Corp The Centre of Ta	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lanovative - 11u	minations II
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1-2000143086.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	P.O. Gox 440103 Jacksonville FL 32227
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	είμ είμα ε
I hereby accept the appointment as registered agent and agre	ee 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>	··· ///	17 mm. og	Type of Action
AMBA	David F	<u>hichardson</u>	2511	B(15+1) P	1	🗆 Add
			New	Ollians L	10131	Decemove
					_	□ Change
						□Add
						□Remove
						□Change
			<del></del>			□Add
						□Remove
						□Change
		<del></del>				□Add
			<del></del>			□Remove
			-			□Change
						□Add
						□Remove
					•	Change
		<del></del>	<u></u>	<u> </u>		□Add
				<del>-</del>		□Remove
				<del>_</del>		□Change

						-	:	P 140 - 50	
								<u> </u>	<u> </u>
	<del></del>	-		<del></del>					
							. <u> </u>		
									<del></del>
			<u> </u>						
					<u>.</u>		<u> </u>		
							<del></del>	***	
-									<del></del>
						<del></del>	<u>-</u> .		
		-							
		<u> </u>	<del></del>						_
an effectiviote: If t		the date must bed in this bloc	oe specific and k does not r	I cannot be princet the app	licable statu		(optione than 90 days after requirements, this		
record sp I is filed.		yed effective	date, but not	an effective	e time, at 12	!:01 a.m. o	n the earlier of: (l	) The 90th day	after the
	Λ.		. 1						
ated	Hugus	+ 13	) + h	, <u>202</u>	0				
		\ POCC	12 K D	31	1212	XP.			
	/	161661	ignature of a	<u>ر ب</u>	177,40	/ JK.		<u>_</u>	_