LZO 000319254

(Re	questor's Name)	
——(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
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COVER LETTER

porations		
novate LLC	•	¢
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing	
ondence concerning this matter	to the following:	
Camil	a Ortoga Name of Person	
	Name of Person	
IInno	vate LLC	
	Firm/Company	
7750 Brett	onwood Dr.	
	Address	
Tampa, f	City/State and Zip Code	
	City/State and Zip Code	
E-mail address: ()	to be used for future annual report notif	ication)
oncerning this matter, please ca	•	- ,
rrega	at (813) 842 - Area Code Daytimo	6077
f Person	Area Code Daytime	: Telephone Number
he following amount:		
□ \$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)
he	☐ \$30.00 Filing Fee &	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TINNOVATE LL	^	2020 OCT 26 PM	5: 33
(Name of the Limited Liability Com	pany as it now appear	rs on our records) 184 05	
(Name of the Limited Liability Comp (A Florida Limited	1 Diability Company)	TALLAHASSEE	STATE , El
The Articles of Organization for this Limited Liability Compan			
Florida document number <u>L2 0000319254</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the d	esignation "LLC" or the abbrevia	ution "L.L.C."
Enter new principal offices address, if applicable:		. <u></u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
			
B. If amending the registered agent and/or registered office	address on our r	acards, antar the name of	the new registe
agent and/or the new registered office address here:	: address on our re	ecorus, <u>enter the name or</u>	the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	<u> </u>
		, Florida	
	City	Z	p Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag			
provisions of all statutes relative to the proper and complet	e performance of	my duties, and I am famil	iar 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>	Type of Action
			
			□Remove
			□ Add
			□Remove
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		·	□ Remove
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			☐ Change
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I WO	uld lik	e to	change	th	e title o	f th	v
persor	1 (myself	<u>) au</u>	ithorized	† 0	manage	the	LLC
from	CEO	-0 A	MBR.				
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Tective date is li- If the date in	sted, the date must b	e specific and c does not n	neet the applicable s	of filing	or more than 90 days after thing requirements, th	r (iling.) Pr	ursuunt to 605.0. Il not be listed
rd specifies a diled.	delayed effective o	ate, but not	an effective time, a	12:01 a.	m. on the earlier of: (b) The 9	0th day after t
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	270			-p			
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