

L20000346587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

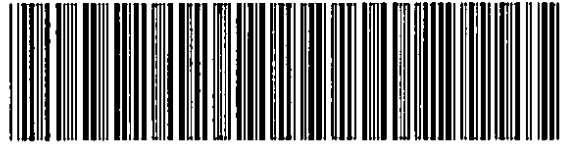
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21 APR - 7 PM 3:44
DIVISION OF COURT ORGANIZATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: InnovaPrime Consulting 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:

Christian Rodriguez
Name of Person

InnovaPrime Consulting LLC
Firm/Company

9153 SW 141st Place
Address

Miami, FL 33186
City/State and Zip Code

crodriguez@innovaprime.consulting
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Rodriguez at (786) 873-9437
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

21 APR -7 PH 3:44

InnovaPrime Consulting 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 11/02/2020 and assigned Florida document number L20000346587.

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:

(Principal office address **MUST BE A STREET ADDRESS**)

66 West Flagler Street
Suite 900 - #3730
Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

66 West Flagler Street
Suite 900 - #3730
Miami, FL 33130

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:

David Bensoussan


New Registered Office Address:

66 West Flagler Street, Suite 900-3730
Enter Florida street address

Miami, Florida 33130
City 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.


David Bensoussan, March 27, 2020

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

DEPARTMENT OF STATE
DIVISION OF CORPORATION

21 APR -7 PM 3:44

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Rodriguez, Christian		<input type="checkbox"/> Add
(change address only)			<input type="checkbox"/> Remove
		66 West Flagler Street Suite 900 - #3730 Miami, FL 33130	<input checked="" type="checkbox"/> Change
AP	Espinal Cabrera, Ricardo A.		<input type="checkbox"/> Add
(Remove person)		9153 SW 141st Place, Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Rodriguez, Perez, Nancy		<input type="checkbox"/> Add
(Remove person)		9153 SW 141st Place, Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

21 APR -7 PM 3:44

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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.

Dated March 2nd, 2021

Signature of a member or authorized representative of a member

Christian Rodriguez
Typed or printed name of signer

Filing Fee: \$25.00