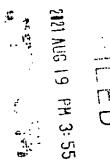
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PICK-UP WAIT MAIL
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Codification of Chabus
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor					
	Investments LLC				
SUBJECT:	Name of Lim	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:			
		Name of Person		-	
		Firm/Company		2121 AUG	
		Address		9	- T
		City/State and Zip Code			Ü
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification) ਹਵਾ	<u> </u>	
Robert Brown		904 4448819			
Name o	of Person	at () Area Code Dayt	ime Telephone Number	r	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address Registration of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of C The Centre of	Section forporations		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monopoly Investments LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our recordance Limited Liability Company)	rd <u>s.</u>)
The Articles of Organization for this Limited Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for the Conference of the Organization for this Liability Organization for the Or	Company were filed on 08/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Innovative Investment Holdings LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LI	.C" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		- 1 2 2 5 5 5
(Principal office address MUST BE A STREET ADD.	RESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 3: 55
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	A32
	. 1	Florida
	Cuy	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>	Name	Address	Type of Action
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			□Remove
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ffective date if other than the date of filing:	(opti	onal)	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of	of filing or more than 90 days after	r filing.) Pursua	int to 605.020
<u>Note:</u> If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	tutory tring requirements, un	s date will no	t be fisted a
record specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (t	o) The 90th	day after the
I is tiled.			
08/19/2021			
Oated 08/19/2021			
Dated O8/19/2021 Signature of a member or authorized re			.

Filing Fee: \$25.00