121000393486

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(Business Entity Name)
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COVER LETTER

TO:		istration Sect sion of Corp							
SUBJE		Crecido Cons	sulting LLC	-	•				
SUBJE	CT:	Name of Limited Liability Company							
			mendment and fee(s) are subr	-					
			Stacy Hailey						
Name of Person									
			Crecido Consulting LLC						
				Firm/Company					
			1800 Sunset Harbour Dr. Unit 815						
				Address					
			City/State and Zip Code shailey(X)@gmailcom						
				o be used for future annual	report notification)				
For furti	her in	formation co	ncerning this matter, please ca	All:					
Stacy H	lailey			305 80 at ()	1-5009				
		Name of	Person	Area Code	Daytime Telepho	one Number			
Enclose	d is a	check for the	following amount:						
■ \$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$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

Crecido Consulting LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) ____ and assigned Florida document number <u>L21000393486</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Innov8 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

New Registered Agent's Signature, if changing Registered Agent:

-

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐Add
			□Remove
			☐ Change
 			
			□Remove
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ective date, if other than the	date of filing:	(optional)	
		e of filing or more than 90 days after filing.) I tatutory filing requirements, this date w	
cument's effective date on the D		interiory many requirements, this date w	in not be listed in
cord specifies a delayed effectives filed.	e date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The	90th day after the
s med.			
September 07	2021		
	Xe /		

Typed or printed name of signee