Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003969593)))



H210003969593ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

3052201440

Fax Number : (850)617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:	
	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INNOVA MARKETER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

* *'--*

ARTICLES OF AMENDMENT

TO		29 B	San Mary
ARTICLES OF OR	GANIZATION	1 OCT	z-vr.E
OF		25 548	e gran A Trainin
INNOVA MARK		PM 12:	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s if now appears on our records.) http://ompuny)	\sim	*0325
The Articles of Organization for this Limited Liability Company wer	re filed on 09/07/2021	and assigned	
Florida document number L21000395385			
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 "LEC" or the at	obreviation "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)			
_			
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the nad	ne of the new regi	stered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address		
	V • • • • • • • • • • • • • • • • • • •		
•	Florida		

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 .' 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.

Cirv

Zip Code

PAGE 03/04

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

Title	Name	Address	Type of Action
AMBR	JORGE MARIO LONDONO BEDAYA	8241 NW 11 CT	\(\begin{align*}
•		PEMBROKE PINES FL , 33024	
			☐ Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Remove
			□Change

							
				 			
							
		· · · · · · · · · · · · · · · · · · ·	····				
	- 						
	<u>,</u>				<u></u>		
		·					
							
ffective date	e, if other than t ue is listed, the dete n	he date of tili	ng:	2)	-1-06	(optional)	
Vote: If the d	me is listed, the date n ate inserted in this fective date on the	block does not	meet the appl	icable statutory	filing requires	nents, this date wi	Il not be listed

LAZARUS CORPORATE

PAGE 04/04

.11/09/2021 12:42 3052201440

JORGE MARIO LONDONO BEDOYA

Typed or printed name of signee