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05/16/2024

Florida Department of State

Registration Section,

Division of Corporations

Sirs,

My name is Williams Schuss, for applicable purposes, my address is 4407 Vineland Rd, Suite D15, Orlando Fl. 32811 and my telephone number is 303-718-4100

Thank you so much

Williams Schuss

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of C			
	ATION PAYROLL PRO, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	WILLIAMS SCHUSS		
	4	Name of Person	
	INNOVATION PAYROL	L PRO, LLC	
		Firm/Company	····
	4407 VINELAND RD SU	ITE D-15	
		Address	
	ORLANDO, FL 32811		
		City/State and Zip Code	
	-	JSACONSTRUCTION.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	
WILLIAMS SCHUSS		303 718-4100	
Namo	e of Person	at () Area Code Daytim	e 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration Division of	i Section Corporations	Registration Se Division of Cor	
P.O. Box 6.		The Centre of T	- -

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATION PAYROLL PRO. LLC

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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.

City

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>	Address	Type of Action
AMBR	MERYBETH CARRASQUEL	4407 Vineland Rd Ste D-15 Orlando, FL 32811	□Add
			= Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
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an effective 'ote: If the	te, if other than the date is listed, the date must date inserted in this ble ffective date on the De	the specific and ock does not in	cannot be prior to eet the applica	o date of tiling or r ble statutory tili	(op nore than 90 days a ng requirements.	otional) fler filing.) Pursuant this date will not b	to 605.0207 e listed as
record spec is filed.	ifies a delayed effective	date, but not a	an effective tin	ie, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
05/16 ated	⁷ 2024			-·			
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