L21000471000

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COVER LETTER

TO:

Section orporations					
	SUMER STRATEGIES LLC				
Name of Lim	ited Liability Company				
f Amendment and fee(s) are sub	mitted for filing.				
ondence concerning this matter	to the following:				
LOVETTE DOBSON					
	Name of Person				
	Firm/Company				
17350 STATE HWY 249, #220					
Address					
	City/State and Zip Code				
_		notification)			
concerning this matter, please c	all:				
LOVETTE DOBSON					
of Person	Area Code Day	time Telephone Number			
the following amount:					
□ \$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)			
Section Corporations 327		Section			
	INNOVATIVE CONNAME of Lime of Lime of Amendment and fee(s) are subspondence concerning this matter. LOVETTE DOBSON 17350 STATE HWY 249, HOUSTON, TX, 77064 EFILE1234@INCFILE.CO E-mail address: (concerning this matter, please concerning this matter, please concerning this matter.)	INNOVATIVE CONSUMER STRATEGIES LLC Name of Limited Liability Company If Amendment and fee(s) are submitted for filing. Soundence concerning this matter to the following: LOVETTE DOBSON Name of Person			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE CONSUM	MER STRATEGIES LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company florida document number \frac{L21000471000}{	were filed on 10/29/2021 and assigned		
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	1729 Nw St. Lucie West Blvd #1147		
Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie, FL 34986		
Enter new mailing address, if applicable:	1729 Nw St. Lucie West Blvd #1147		
Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie, FL 34986		
s. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new regis		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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.

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	Anthony Grana	1729 Nw St. Lucie West Blvd #1147	🗆 Add
		Port Saint Lucie, FL 34986	□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
 			□Add
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			□ Change

				
				
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ective date, if other than the d effective date is listed, the date must b	ate of filing:	r to date of filing or mor	(optional)) Pursuant to 605 020
e: If the date inserted in this bloc	ck does not meet the applic	cable statutory filing	requirements, this date	will not be listed a
ument's effective date on the Dep	sarument of State's records	•		
cord specifies a delayed effective	date, but not an effective (ime, at 12:01 a.m. on	the earlier of: (b) Th	ie 90th day after the
s filed.		,		
, February, 11	2022			
ed	·	·	_	
	The state of the s	thony	Carin a	
S	ignature of a member or auth	orized representative o	a member	>
	3	. //		