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PICK-UP	☐ WAIT	MAIL
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22 JEW-5 PW 3: 02

T. MATTHEWS

JAN 19 2022

COVER LETTER

TO: Registration Se Division of Cor			
Innovation	· · · · · · · · -		
SUBJECT:		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:	
	LEXIE RIVERS		
		Name of Person	
	PRIME CORPORATE SE	RVICES	
		Firm/Company	
	5250 S COMMERCE DR	STE 200	
		Address	
	MURRAY, UT 84107		
		City/State and Zip Code	
	drew@figueroateam.com		
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	
LEXIE RIVERS		855 577-4639 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$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)

STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 JAN -8 FH 3: 02

Innovation REI, LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\frac{1.21000521013}{1.000521013}$	y Company were filed on 12/9/2021 and assigned and assigned
This amendment is submitted to amend the following	;;
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, 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 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	3739 Holdings LLC	30 N Gould St Ste R	
		Sheridan, WY 82801	□ Remove
			Change
AMBR	Andrew Mark Oquendo	7901 4th Street N Suite 300	
		St. Petersburg, FL 33702	Remove
			Change
			Add
			Remove
			□ Change
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(If an eff Note:	ive date, if other fective date is listed, If the date inserte tent's effective date	the date must be sp d in this block de	ecific and cannot book not meet the	applicable statu	filing or more than tory filing requir	(optional) 90 days after filing.) Fements, this date w	Pursuant to 605.0207 (2 ill not be listed as th
he red The	cord specifies a 90th day afte	a delayed effer the record is	ective date, b	ut not an eff	ective time, a	t 12:01 a.m. or	n the earlier of:
Dated	12/30		2021				
			<u> </u>	1			
			Ferre	Liver	esentative of a mer		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00