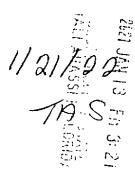
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: INNOV	Name of Lin	6 Site Development nited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Austin Lynk		
	Innovative Lu	Name of Person Name of Person Stroke & Site Develop Firm/Company	rent LLC
	3615 Awantin	Address	
	Mins, FL 3275 Anstin LOBAY	City/State and Zip Code Loo. Co to be used for future annual report notifi	cation)
For further information of Australian Lank	oncerning this matter, please c	uli:	
Name o	f Person	at (<u>321</u>) <u>917-</u> Area Code Daytime	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)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee. 1	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Illahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE LANDWORKS		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recommitted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on Dec 22,	202\ and assigned
Florida document number L220000\500		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:	·	5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
AP	Dusti Lynk	3615 Awantra Rd	□Add
		Mims, FL 32754	Z Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□ ∧dd
			□ Acte
			☐Change Co Co Di Add Co
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u>_</u>			□Add
		****	□Remove
			□Change

	(c) (c) (c)
	2 2 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
	<u> </u>
fective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be priorite: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	or to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed is.
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
text 10 2022	thorized representative of a member

Filing Fee: \$25.00