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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: The Inovative Build	lers Group LL d Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
<u>J</u> ~	Seph Licata Name of Person	· · · · · · · · · · · · · · · · · · ·
	Firm/Company	
13815 W	Aterbury ct, 206, Address Address Address At Myers, FL 33 City/State and Zip Code	Fort Myas FL 28
Fe	xt Myars R 33°	919
	ta @work with jioc we used for future annual report notif	
For further information concerning this matter, please call:		22
Seph Licata Name of Person	at (<u>443</u>) <u>752</u> Area Code	- 2032 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Sec Division of Corp The Centre of Ta	porations allahassee
Tallahassee, FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ine Innovative Bui	iders broup	h-L-	·
(Name of the Limited Liability (A Florida Li	imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L 22000 81408</u> .		2/18/22	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		. 2
(Principal office address MUST BE A STREET ADDRES	<u> </u>		22110
			
* * * * * * * * * * * * * * * * * * * *			era de
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent:	office address on our re	cords, <u>enter the name</u>	of the new registered
New Registered Office Address:			***
	Enter Flori	da street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	•		ng code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this c nplete performance of nt as provided for in C	my duties, and I am fai hapter 605, F.S. Or, if	niliar with and this document is
	If Changing Registered Age	ent, Signature of New Regis	tered 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>	<u>Name</u>	Address	Type of Action
MGR	Joseph J Licata	13815 Waterburry ct	🔀 Add
		Apt 206	[]Remove
		Fort Myers, FL, 33919	□Change
MGR	Legacy Buiders 7 LLC	3225 Mclood Drive	
		Law Vagas, NY, 89121	XRemove
			Change
		3: 2:0:	Add
			Add Remove
			Change
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		the Departmen			itutory ini	ng requiremen	nis, mis date win	. not be listed
rd specific led.	s a delayed ef	fective date, bu	it not an effec	tive time, at	12:01 a.m	on the earlie	rof: (b) The 90	ith day after
	(1.4/-							
	1/17/22			·	_ `			
			7/	15	\geq			
			~/ // /		_>			
····		Signature	of a member o	r authorized re	presentativ	e of a member		