

Jul. 7. 2022 9:09PM

No. 0238 P. 1

7/7/22, 8:58 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H22000232625 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP
Account Number : I20140000098
Phone : (786)372-1391
Fax Number : (786)762-2589

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INNOVA FLORIDA SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

H 220002326253

Electronic Filing Menu

Corporate Filing Menu

Help JUL 11 2022

T. LEMIEUX

2022 JUL -8 AM 8:35

FILED
2022 JUL -8 PM 3:53
OFFICE OF THE CLERK
STATE OF FLORIDA

Jul. 7. 2022 9:09PM

No. 0238 P. 2

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H 22 000 232625 3

INNOVA FLORIDA SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L22000133285.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N / A

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:

N / A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N / A

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N / A

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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H 22000 2326253

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ZANESI, MARIA C	1185 MARSEILLES DR UNIT 104	<input type="checkbox"/> Add
		MIAMI BEACH FL 33141	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ZANESI, MARIA C	8888 COLLINS AVE	<input type="checkbox"/> Add
		APT 508	<input type="checkbox"/> Remove
		SURFSIDE FL 33154	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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N / A

Dated JULY 7TH, 2022

MARIA C ZANESI

H 220002326253