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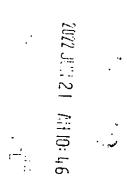
(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Special Instructions to	> Filing Officer:	

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COVER LETTER

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TO: Registration Section

Division of Cor	porations		•	
1090 INNC	VATION, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u></u>	
T1				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JAMES F. JEFFRIES			
		Name of Person		
1090 INNOVATION, LLC				
	Firm/Company			
	1050 INNOVATION AVENUE, #B113			
Address				
NORTH PORT, FL 34289				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	JEFFRIESHOMES 1@AOL	COM to be used for future annual report noti	Garian	
For College Control			neation)	
ror turtner information c	oncerning this matter, please co			
JON R. FAHS, JR		at () Area Code Daytime Telephone Number		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Cou	rporations Fallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JULI 21 AM 10: 46

1090 INNOVATION, 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 L		y were filed on 04/2	1/2022	and assigned
Florida document number L22000191361				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company here	2:	
N/A				
The new name must be distinguishable and contain the v	ords "Limited Lial	pility Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)			
Cutou now molling address if applicables		N/A		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or a			•	
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	N/A			
New Registered Office Address:				
The strength of the Address.		Enter Florid	a street address	
			, Florida _	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		

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
MGR	TRACY M. JEFFRIES	1050 INNOVATION AVENUE, #B113	
		NORTH PORT, FL 34289	□Remove
			≡ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Remove
			Change
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			□Remove
			□ Change

D. If an	nending any other i N/A	nformation, enter cha	ange(s) here: (A	ttach additional shee	ts, if necessary.)	
			 			
		<u> </u>				
						_
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(If an e <u>Note</u>	:ffective date is listed, the : If the date inserted i		annot be prior to date et the applicable s		(optional) I days after filing.) Pursuant to nents, this date will not be	
If the record is	ord specifies a delayed filed.	l effective date, but not a	n effective time, a	t 12:01 a.m. on the ear	lier of: (b) The 90th day	after the
Date	JUNE 16		2022			
	/	1.11				
	——//s.,	Signature of a me	ember or authorized	representative of a memb	per	_
	JON R. FAHS,	JR				

Typed or printed name of signee