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To:

Civision of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

: (407)932-0040

Phone Fax Number

: (407)520-5473

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

Enail Address:

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LLC TRUCKING INC.

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OCT 1 5 2023

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### COVER LETTER

TO: Registration Sec Division of Corp			
	ONS LMD LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of .	Amendment and fec(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	DANIEL OCHOA		
		Name of Person	
	INNOVATIONS LMD LL	С	
		Firm/Company	
	3182 EAGLE HAMMOCK	COR	
		Address	
	KISSIMMEE, FL 34743		
		City/State and Zip Code	
	innovationsImd@gmail.com E-mail address: ()	i to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		
DANIEL OCHOA		407 617-8435	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee     □	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addre Registration		Street Address: Registration Se	ction
Division of (	Corporations	Division of Cor	porations
P.O. Box 633	27	The Centre of T	ananassee

INNOVATIONS I MD LLC

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14075205473

(Name of the Limited Liubility Compa- (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000364235</u>	were filed on 08/18/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
The new name must be distinguishable and contain the words "Lunited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
	3182 EAGLE HAMMOCK CIR	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34743	
		-
Tata and mailing address if annieghles	3182 EAGLE HAMMOCK CIR	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34743	-
B. If amending the registered agent and/or registered office	address on our records, enter the nan	ie of the new reg
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ie of the new reg
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nan	ie of the new reg
agent and/or the new registered office address here:		ie of the new reg
Name of New Registered Agent:	address on our records, enter the nan  Enter Florida street address , Florida	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag 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

Title	Name	Address	Type of Action
MGR	BRAYAN A. ESCOBAR DUQUE	4306 CAMPSITE LOOP	
		ORLANDO, FL 32824	□Remove
		ala managan ang managan ana managan an ang managan	ОСрвийс
			□Add
			□Change
			□Add
			□Remove
			□ Change
<del></del>			DAdd
			Remove
			□ Сhипge
			□ Remove
			Change
			DAdd
			□Remove
			□Change

To:

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n effective date is listed, the te: If the date inserted i	nan the date of filing:	the applicable statutory	(option g or more than 90 days after the filing requirements, this d	ing.) Pursuant to 605.02
cord specifies a delayed s filed.	effective date, but not an e	effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after t
OCTOBER 24	. 20	023		
	17			
	, <u>, , , , , , , , , , , , , , , , , , </u>	ber or authorized represen		