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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Innovative Mind2 LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
rease return an correspondence concerning this maner to the following.	
Richard Andrewai Name of Person	
Inoughue Minds LLC.	
615 State Aug Address	
Holly Hill, EL. 32117 City/State and Rip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Richard Andrewa at (384) 347-1014 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)	
		and ass	igned
This amendment is submitted to amend the following:	ocument number		
A. If amending name, enter the new name of the limite	riticles of Organization for this Limited Liability Company were filed on OND and assigned a document number La2000 about 0% mendment is submitted to amend the following: amending name. enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: inpul office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	23	
		Ä.	
		. 7	1 mag)
Enter new mailing address, if applicable:		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	,
(Mailing address MAY BE A POST OFFICE BOX)			
		774, <i>G</i>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name of the ne</u> v	v reg istered
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	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 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 **Address Type of Action** <u>Name</u> 615 State Are Holly Hill, FC. BAdd
32117 Richard Andrucci _ □Remove ____ □Change _____ □ Remove _____ □Change _____ ⊟Remove _____ []Change bbA□ _____ Remove □Add _____ ClChange □Remove

Change

Effec	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)
Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	1 0 pril 121. 12093
	Signature of Appendier or Authorized representative of a member
	Richard Andrewed Typed or printed name of signee
	Kichard Andreacal Typed or printed name of signee