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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

TO:	Registration of	n Section Corporations		
etto ura		tive Affiliates, LLC		
SUBJE	CI;	Name of Lim	ited Liability Company	
The encl	losed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corre	espondence concerning this matter	to the following:	
		Carlos Gonzalez		
			Name of Person	
		Innovative Affiliates, LLC		
			Firm/Company	
5740 SW 9 ST				
			Address	
		Plantation, Florida 33317		
			City/State and Zip Code	
		resq9@yahoo.com E-mail address: (to be used for future annual report notifi	cation)
For furth	ner informatio	on concerning this matter, please c	·	,
Carlos C	ionzalez		305 338-2644	
	Nai	me of Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check f	or the following amount:		
■ \$2 5.	.00 Filing Fe	e 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 Add	dress: on Section	Street Address: Registration Sect	tion

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

Innovative Affiliates, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
	ny were filed on January 19, 2023	and assigned
lorida document number 123000030243		
his amendment is submitted to amend the following:		
L		
he new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		202 SE
		78 E 17
		77 70 mm
nter new mailing address, if applicable:		
Auiling address MAY BE A POST OFFICE BOX)		
		So w
	e address on our records, enter the	V 1 1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		Zip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jean P. Rubio	1131 NW 193 Ave	= Add
		Pembroke Pines, FL 33029	□Remove
			□Change
AMBR	Gersain Gil	3004 NW 28th Lane	
		Oakland Park, FL 33311	□Remove
			□Change
			SECRETARY TALL, AHAY
			ARY OF STATE RUDIove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□ Change

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ective date, if other than the date of filing:			(optiona	I)	
effective date is listed, the date must be specific and ca ie: If the date inserted in this block does not med	annot be prior to dat	e of filing or more tha	ın 90 days after filir	ig.) Pursuan	
ument's effective date on the Department of Stat	te's records.				
cord specifies a delayed effective date, but not an	a offective time a	t 12:01 a.m. on the	uncline of: (b)	Tha OOth d	ov offer th
s filed.	r errective time, a	. (2.0) a.m. on me	carrier or. (b)	rne zoura	ay anter m
February 28th	2023				
February 28th		1			
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