L23000325917

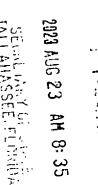
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COVER LETTER

Division of C	i Section . Corporations	•	
SURJECT:	Florida NIA	JE LLC	_
<u></u>	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corre	espondence concerning this matter to	o the following:	
	Poder.	Name of Person	්
		Name of Person	
	<u></u> .	Firm/Company	
	105 N	1. Edwards	St.
	- Plant	City FL City/State and Zip Code Cinnovative acacle of be used for future annual report not	33563
For further information	on concerning this matter, please ca		in Caton,
Roderic	L Henderson	at (<u></u> <u>813</u>) <u> </u>	ne Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	S55.00 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 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

FLORIDA N	JINE LL	C
	mpany as it now appears on our reted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2300325917</u> .	any were filed on $\frac{7/1}{}$	u 23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I.		
The new name must be distinguishable and contain the words. Limited i.	nability Company, the designation	LLC of the abbreviation L.L.C.
Enter new principal offices address, if applicable:		77.5 20 3
(Principal office address MUST BE A STREET ADDRESS	· <u> </u>	
		77. 79.
		SEE SEE
Enter new mailing address, if applicable:		The Barrier
(Mailing address MAY BE A POST OFFICE BOX)		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		фт С
B. If amending the registered agent and/or registered offi	ice address on our records, <u>er</u>	<u>iter the name of the new registere</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Florida street aa	ldress
		. 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Innovative Audemy	_ 105 N. Educids SL	□Add
		Plant City, FL 33563	XRemove
			□Change
			□Add
			□ Remove
			□Change
<u>.</u>			□Add
			□Remove
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