Elorida Department of State Division of Corporations Rileotronic Riling Cover Speet

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	To	o;	73
		Division of Corporations Fax Number : (850)617-6383	ζ.
	I S: 0	rom: Account Name : IDEAS CARVAJAL LLC Account Number : I20220000006 Phone : (321)333-5565 Fax Number : (407)565-5637	-
The second	ئى ئارى ئارى ب ەۋ	nter the email address for this business entity to be used for future	10
L. E.L.	10 m	Email Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INNOVA CONSTRUCTION LEADER LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

S. RODING

COVER LETTER

TO: F	legistration S Division of Co	ection rporations		
SUBJEC	INNOVA	CONSTRUCTION LEADER	LLC	
SCOVEC	· ·	Name of Lir	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Plonso roti	ırn eli correspi	ondence concerning this matte	r to the following:	
		JULIAN D. CORREA GO	ONZALEZ	
			Name of Person	
		INNOVA CONSTRUCTI	ON LEADER LLC	
			Pirm/Company	
		1643 NW BIST WAY		
			Address	
PLANTATION, FL 33522				
		info@goalbridgeg.com	City/State and Zip Code	
			to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	·	,
JULIAN E	. CORREA G	ONZALEZ	954 444 6229	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
置 \$25.00	Filing Foo	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Cortificate of Status & Certified Copy (additional copy is enclosed)
R D P.	alling Addressistration Sivision of Co O. Box 632 allahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/17/2023 and assigned
Florida document number L23000476572	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	Ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	V5SS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
gent and/or the new registered office address here:	office address on our records, <u>enter the name of the new rea</u>
Name of New Registered Agent:	office address on our records, enter the name of the new rea
gent and/or the new registered office address here:	office address on our records, enter the name of the new res
Name of New 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 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
AMBR	David Santiago Correa Feriz	3601 N Military Trail	≅ Add
		Bocs Raton, Fl 33431	□Remove
			Change
			DAdd
			□ Remove
		- <u></u>	□ Change
			Ramove
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an affective date is listed, the date must i	ate of filing:	date of filing or more than 90	days after filing.) Pursuant to 6	05.020
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Filing Fee: \$25.00