[23000529922

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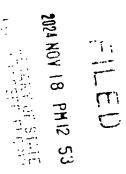
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LLC N/C Amend

11/18/24--01021--001 **25.00



A. RAMSEY DEC. 17 2024

COVER LETTER

TO:	Registration So Division of Cor			
OUD ID	Innov8Pear			
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Julia Pearl		
			Name of Person	
			Firm/Company	
		10263 Gandy Blvd N APT	214	
			Address	
		Saint Petersburg, FL 3370	2	
		innov8pearl@icloud.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Julia Pea	ari		802 3105442	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	he following amount:		
■ \$ 25.	00 Filing Fee	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 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 ARTICLES OF ORGANIZATION FILED **OF**

2024 NOV 18 PM 12 53

Innov8pearl, LLC

(Name of the Limited Liability Company as it now appears on our records Y 1) F STATE (A Florida Limited Liability Company)

	•	'''
The Articles of Organization for this Limited Liability Cor		and assigned
Florida document number 1.23000529922		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
INICIO ADVISORS, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, <u>enter the r</u>	ame of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zin Code

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
			□Add
			□Remove
			□Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	Пепюve
			□Change
			□Add
			□Remove
			□Change

menumg a	ny other information, enter change(s) here: (Attach additional sheets. if necessary.)
	
	<u>. </u>
ective date.	if other than the date of filing:(optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>te:</u> If the dat	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cument s elle	ective date on the Department of State's records.
rond specific	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
Novemb	per 13th 2024
ted	
	Aab
	Signature of a member or authorized representative of a member
Inlia	a Pearl
	Typed or printed name of signee