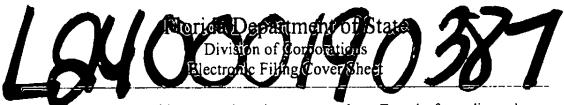
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : I20220000100 Phone : (321)366-0510 Fax Number : (321)366-0511

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **INOVARE ENTERPRISES & PARTICIPATIONS LLC**

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

Electronic Filing Menu

Corporate Filing Menu

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ge:	23.	05/3/20	24 10:	17 AM	TO:18506176383 FROM:3213660511 COVER LETTER #2/009/6/4953
TO					·
6116) IECTA	<i>,</i> 3		ARE ENT	ERPRISES & PARTICIPATIONS LLC
300	NECT#		<u></u>	Name of	Limited Liability Company
The	enclosed	Articles of A	mendment and	fer(s) are	submitted for filing
			CRISTIAN	IE OLIVE	IRA SILVA
			 		Name of Person
		COVER LETTER #3/000 161693 Indicated Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: CRISTIANE OLIVEIRA SILVA Name of Person CKO CONSULTING AND TAX SERVICES LLC Firm/Company 7065 WESTPOINTE BLVD STE 303 Address ORLANDO - FL - 32835 City/State and Zip Code CEO@CKOACCOUNTINGSERVICES.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: SE OLIVEIRA SILVA Name of Person Area Code Daytime Telephone Number check for the following amount: cling Fee Certificate of Storus Certificat Copy (additional copy is enclosed) Certificate Of So	AND TAX SERVICES LLC		
					COVER LETTER #39/009 16/19933 FERPRISES & PARTICIPATIONS LLC Limited Liability Company Latter to the following: EIRA SILVA Name of Person GAND TAX SERVICES LLC Firm/Company BLVD STE 303 Address 2835 City/State and Zip Code STINGSERVICES.COM 1835: (to be used for future annual report notification) 1845: (to be used for future annual report notification) 1855: (to be used for future annual report notification) 1856: (So De Tiling Fee & Certificat Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
			7065 WEST	FPOINTE	BLVD STE 303
					Address
			ORLANDO) - FL - 32	
			CEO@CKO	ACCOUN	•
For	further in	formation cor	cerning this m	atter, pleas	se call:
C	RISTIAN	E OLIVEIRA	SILVA		* *
		Name of F	erson		
Enc	losed is a	check for the	following amo	unt:	
2	\$25.00 F	iling Fee			Certified Copy Certificate of Status &
			ction		
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			. 32314		

Page: 24. 05/3/2024 10:17 AM

7 AM TO:18506176383 FROM:3213660511 ARTICLES OF AMENDMENT #24000/6/4953 TO ARTICLES OF ORGANIZATION **OF**

INOVARE	ENTERPRISES & PARTICIPATIONS	LLC	
(Name of the Limi	ted Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on04/2	23/2024	and assigned
Florida document number	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liability company here	<u>:</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			265
	-		- 3
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the	name of the new registers
agent and/or the new registered office addre	ess here:		***
Name of New Registered Agent:	NELMA BUSINESS GROUP USA	A LLC	<u>5</u>
New Registered Office Address:	2295 S. HIAWASSEE RD STE 104	4	
: 	Enter Florid	a street address	
	ORLANDO	, Florid	a 32835
	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.

Page	: 25,	05/3/2024	10:17 AM	TO:18506176383 _FRQM:3213660511	
	_			TO: 18506176383 _FROM: 3213660511 o manage, enter the title, name, and address of each person	being added
9	or removed	<u>from our records</u>	į.		

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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if an effective di Note: If the o	te, if other than the date is listed, the date must be date inserted in this bloc ffective date on the Dep	e specific and can k does not meet	the applicable	date of filing or me e statutory filing	(option of the contract of the	onal) filing.) Pursuant to 6 s date will not he l	505.0207 isted as
record speci d is filed.	fies a delayed effective of	late, but not an e	effective time	, at 12:01 a.m. c	n the earlier of: (b) The 90th day a	fter the
Dated	MAY 2nd		2024				
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	1 9	ghature of a mem	Ber or authoriz	ed representative	of a member		

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Filing Fee: \$25.00