

# L24000405797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

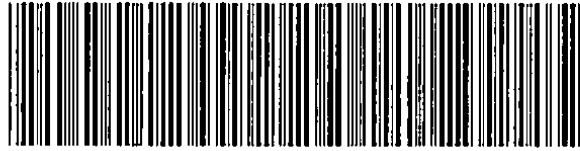
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2024 DEC 18 3:18 PM  
Rec 1618184

Office Use Only



600438113346

2024 DEC 18 3:18 PM

FILED  
2024 DEC -3 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: INNOVATUS INTERNATIONAL GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

c/o RICHARD BERTOSSA

Name of Person

5 FLAGS INCUBATION LLC

Firm/Company

2880 WEST OAKLAND PARK BLVD SUITE 118

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

office@freedomnow.site

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNY DE TOGORES

Name of Person

484

at ( )

Area Code

473 1392

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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  
TO  
ARTICLES OF ORGANIZATION  
OF

INNOVATUS INTERNATIONAL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

2024 DEC -3 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 17, 2024 and assigned Florida document number L24000405797.

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 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 ADDRESS*)

Enter new mailing address, if applicable:  
(Mailing address *MAY BE A POST OFFICE BOX*)

B.If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> XAdd
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

3.  
).If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The name of the Manager was incorrectly filed as SOREN VOIT, it should be

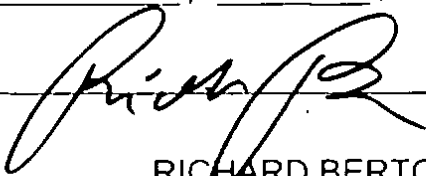
First name SOEREN and last name VOIT

(ERROR IN SPELLING FIRST NAME)

E.Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 11th, 2024



RICHARD BERTOSSA

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2024

RICHARD BERTOSSA  
261 N UNIVERSITY DRIVE  
SUITE 500  
PLANTATION, FL 33324

SUBJECT: INNOVATUS INTERNATIONAL GROUP LLC  
Ref. Number: L24000405797

We have received your document for INNOVATUS INTERNATIONAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 624A00024601