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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INOVATION L&	M, INC.		
DOCUMENT NUMB	ER: P16000086963			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this made	tter to the following:		
•	LIZETT MAYORA			
-		Name of Contact Persor	1	
	INOVATION L& M, INC.			
-	<u>, , , , , , , , , , , , , , , , , , , </u>	Firm/ Company		
	1623 NE 182ND ST	, ,		
•	····	Address		
	NORTH MIAMI BEACH, FI	L 33162		
		City/ State and Zip Code	=	
lizett5	1@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
LIZETT MOYORA		at (786	970-2576	
Name o	of Contact Person	at (786) 970-2576 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INOVATION L& M, INC.

(Name of Corporat	tion as currently filed with the Flo	orida Dept. of State)	
P16000086963			
(Docu	ment Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	da Statutes, this <i>Florida Profit Corp</i>	noration adopts the following amer	ndment(s)
A. If amending name, enter the new name of the c	corporation:		
EVOLUTION L & M, INC.		The	new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor _l word "chartered," "professional association," or the	p," "Inc," or "Co". A profession e abbreviation "P.A."	"incorporated" or the abbrevi	ation
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>			
		<u> </u>	
			10.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>ox</u>)	3.7 5.7	7 72
			
	<u> </u>		
. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		obligations of the position	
погоду изобрание ирролители из гединегой идет.	i um juminai viin una accepi inc	nnigutions of the position.	
<u></u>			
Sign	nature of New Registered Agent, if o	changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
I) X Change	PT	LIZETT MAYORA	1623 NE 182ND ST			
Add			NORTH MIAMI BEACH.			
Remove			FL 33162			
2) Change						
Add						
Remove						
3) Change			<u> </u>			
Add						
Remove						
4) Change						
Add			····			
Remove						
5) Change			_			
Add						
Remove						
6) Change						
Add						
Remove						

Attach additional	al sheets, if necess	ary). (Be spe		<u></u>			
HE CORRECT N	AME OF THE FI	RST PRESIDE	NT IS LIZET	T MAYORA			
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If an amendmen	it provides for a	ı exchange, rec	lassification	. or cancellatio	nn of issued si	na res	
provisions for i	mplementing the	<u>amendment if</u>	not contain	ed in the amer	ndment itself:		
(ij noi appi	icable, indicate N	/A)					
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NOVEMBER 1ST 2016	
The date of each amendment(s) adoption:, i	if other than the
date this document was signed.	
11/01/2016 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11/01/2016	
Dated	
Signature Signat	
LIZETT MAYORA	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)