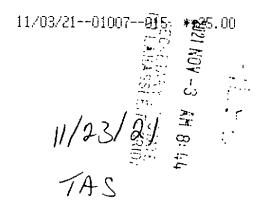
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	INVELI	PEL LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	J01	RGE VELILLA Name of Person	
		VVELPEL LLC Firm/Company	
	1500 <b>S. B</b>	KEAN BLVD . At	7 206
		Address	
	POMPANO	BEACH - FL _ City/State and Zip Code	33062
		City/State and Zip Code	
	Jordev F-mail address: (	ELILLA @ GMAIL · C to be used for future annual report noti	(ication)
For further information c	oncerning this matter, please c		
JOR6E	VELILLA	at ( <u>+86</u> ) 403 Area Code Daytim	- 6056
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 5	<del>_</del>	<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632		The Centre of T	
Tallahassee, l	r L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVELTEL LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 100. 4 - 2020 and assigned
Florida document number <u>L 2000 0 35 0 4 3 3</u> .

#### A. If amending name, enter the new name of the limited liability company here:

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designation	n "LLC" or the a	abbreviation "L.L.C	•
Enter new principal offices address, if applicab	le:	1500 5 OCE			206
(Principal office address MUST BE A STREET A	ADDRESS)	FL 330			
Enter new mailing address, if applicable:		1500 S 00	EAN B	LUD - APT	206
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u> .	POMPANO B	EACH	221	
		FL 3300		ME CALL	۱ سد
B. If amending the registered agent and/or regi	istered office ac			$\frac{\sqrt{2}}{\sqrt{2}} = \frac{1}{3}$ me of the new re	egiste re
agent and/or the new registered office address h	<u>iere</u> :			AH 8:	,
Name of New Registered Agent:	JOR62	E VELILLA		14 :	
New Registered Office Address:	1500	5 OCEAN Enter Florida street			
	POMPA	UD BEACH	_, Florida _	33067 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

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
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		LAC-BROME	Remove
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ffective date, if other that effective date is listed, the local listed inserted in ocument's effective date of	date must be specific and this block does no	and cannot be prion of meet the appli	r to date of filing or cable statutory fil	more than 90 days aft	tional) er filing.) Pursuant to 6 his date will not be li	05.0207 ( isted as t
record specifies a delayed I is filed.	effective date, but r	not an effective	time, at 12:01 a.n	on the earlier of:	(b) The 90th day af	ter the
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Filing Fee: \$25.00