L18000064576

(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:

CALLED PERMISSION GIVEN TO CORRECT DOCUMENT BY ON THIS DATE 8/20/18 3rd Kat Rojas 8/20/18 KR

Office Use Only

900306744299

08/27/18--01030--009 **25.00

Stmt Correction

2018 AUG 13 AM 11:32

N. CAUSSEAUX

AUG 20 2018

L18-64576

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2018

ALEJANDRO ALVAREZ CENTENO
INVERPRAGA LLC
9725 NW 52ND STREET, APT. 211
DORAL, FL 33178

SUBJECT: INVERPRAGA LLC
Ref. Number: L18000064576

We have received your document for INVERPRAGA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $25.00.

If you do the change address for the principle place/mailing address on this form you will need to pay a filing fee of $25.00. However, you can send an email to WWW.CORPHELP@DOS.MYFLORIDA.COM at no cost. If you change the address of the registered agent there is a fee of $25.00. You can always make the changes on the annual report which will be due between January 1, 2019 and May 1, 2019.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 018A00005517

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERPRAGA LLC / Address Change
Name of Limited Liability Company

RECEIVED
2018 MAR 19 AM 10: 10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Alvarez Centeno
Name of Person

/INVERPRAGA LLC
Firm/Company

9725 NW 52ND Street APT 211, Doral, FL, 33178
Address

Doral, FL 33178
City/State and Zip Code

popve@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katiusca Rojas at (407) 4378167
Name of Person — Area Code — Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee
☒ $30 Filing Fee & Certificate of Status
☐ $55 Filing Fee & Certified Copy
☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: INVERPRAGA LLC

SECOND: The Florida Document number of the limited liability company is: L18000064576

THIRD: Document to be corrected is:

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The Registered Agent's Address is incorrect:
THE ADDRESS INCORRECT 9805 NW 52ND ST SUITE 211 THE ADDRESS CORRECT IS

9725 NW 52ND Street APT 211, Doral, FL, 33178

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

ALEJANDRO ALVAREZ CENTENO 03/15/2018

Signature of Authorized Representative Date

2018 AUG 13 AM 4:32

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: **$25.00**
Certified Copy: **$30.00 (optional)**