

L05000033676

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inavoy 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:

Yovani Garcia
(Name of Person)

Inavoy LLC
(Firm/Company)

520 Brickell Key Drive, #1212
(Address)

Miami, Florida 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Yovani Garcia at (305) 962-4069
(Name of Person) (Area Code & 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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Inavoy LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on April 06, 2005 and assigned document number ~~700050030777~~ L05000033676

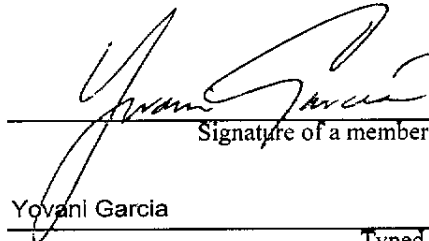
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

1. Add the following individuals as Managing Members:

Title: MGRM
Last Name: Garcia
First Name: Yovani
Entity Name: Inavoy LLC
Street Address: 520 Brickell Key Drive, #1212
City, State: Miami, Florida
Zip Code: 33131
Country: United States of America

Title: MGRM
Last Name: Garcia
First Name: Yovani
Entity Name: Inavoy LLC
Street Address: 520 Brickell Key Drive, #1212
City, State: Miami, Florida
Zip Code: 33131
Country: United States of America

Dated April 29, 2005



Yovani Garcia

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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