## 00000/2019

. (Re	questor's Name	)	
· (Ad	dress)		•
•	·		
(Ad	dress)		•
(Cit	y/State/Zip/Phor	ne #)	•
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	ime)	•
, (Do	cument Number	)	
Certified Copies	Certificate	es of Status	•
Special Instructions to	Filina Officer:		1
		• •	

Office Use Only



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08/05/10--01006--014 \*\*25.80

D. BRUCE

AUG 0.6 2010

EXAMINER

## **COVER LETTER**

Division of Cor	porations			
SUBJECT:	INVE	L USA, LLC	· .	
30D/EC1.		ted Liability Company	<u></u>	
		,	,	•
•		; 		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	,	
Please return all correspo	ndence concerning this matter	to the following:	\$	
			•	
		MARIA GUERRA		
		Name of Person		•
		INVEL USA, LLC		: · · · · · · · · · · · · · · · · · · ·
		Firm/Company		•
Ay		• •		
•	777	NW 72 AVE SUITE 2	2044	29 <b>3</b>
at .		Address	··	
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,		MIAMI, FL 33126		SS AR
•		City/State and Zip Code	,	
<u>.</u> .	bea@	bluefishactivewear.	com	To I
. ,	E-mail address: (	to be used for future annual rep	port notification)	PH J: 05 OF STATE
For further information o	oncerning this matter, please o	all:		<b>™ N</b> a
•		BOS	2679494	1
M	aria Guerra	at (786)	267.9894 985-3250	
Name of Person			Daytime Telephone Numbe	r
		•		
Enclosed is a check for th	e following amount:	•	a	
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Fi	ling Fee,
	Certificate of Status	Certified Copy	Certifica	ate of Status &
. · •		(additional copy is e	enclosed) Certified	d Copy nal copy is enclosed)
· ·			·	mi sohl in distributi
•	•		-	

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

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INVEL USA, LLO	<u> </u>		
(Name of the Limiter	Liability Company as it no A Florida Limited Liability Co	w appears on our ru	ecords.)	
he Articles of Organization for this Limited L	iability Company were file	d on12/20	/2006 a	nd assigned
lorida document numberL0600012	0619			
his amendment is submitted to amend the foll	owing:			
ins anomalient is submitted to unless the form		1,		
A. If amending name, <u>enter the new name o</u>	of the limited liability com	pany here:		
•				
he new name must be distinguishable and end wi	ith the words "Limited Liabili	ty Company," the de	signation "LLC"	or the abbreviat
L.L.C."		t.	•	
Enter new principal offices address, if appli	cable:	·		
Principal office address MUST BE A STREI			Ão.	~~
Thropae office unia ess most be a struct	21 ADDITUGOS		>5	<del>•</del>
•	,		33	ରି 🔠
	* .		SSE	
Enter new mailing address, if applicable:			<u> </u>	
<u> Mailing address MAY BE A POST OFFICE</u>	BOX)	<u> </u>	50	
· .		t	RAP S	
	,	•	<b>&gt;</b>	
3. If amending the registered agent and	<u> </u>	ess on our record	ds, <u>enter the n</u>	ame of the ne
egistered agent and/or the new registered o	ffice address here:			
	: 			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
Name Domintourd Office Address	, to the control of t			• • • • • • • • • • • • • • • • • • • •
New Registered Office Address:		Enter Floride	a street address	
				•
•	Cir.		Florida	o Code
	City			Coae

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

e freita	lanaging Member		Araa . C		,	nr.	
<u>Title</u>	<u>Name</u>		Address	•	•	77	vpe of Action
MGRM	JOAO R. PARI	ES	777 NW 72 A	/E SUITE	2044		Add
,							Remove
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D: If amend	ling any other inform	ation, enter change	(s) here: (Attach ad	lditional she	ets, if necess	sarv.) D	
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Dated	29 JULY		<u>10</u>		•		
· · · ·	*	G	A/2)	Į.			
•	Si	gnature of a member	dr authorized represer	ntative of a me	ember	¢ •	
		Typed o	or printed name of sig	nee	<u>h </u>		

Page 2 of 2

Filing Fee: \$25.00