LU90000 54727

(Requestor's Name)	•
(Address)	
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(Business Entity Name)	•
(Document Number)	
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		Advisors, LLC			
SOBJEC	· • · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub ondence concerning this matter	-		
		Manuel Hinke			
			Name of Person		
		<u></u>	Firm/Company		
	4090 Laguna Street, 2nd Floor				
	Coral Gables, FL 33146				
		manuelhinke@att.net	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For furth	er information c	concerning this matter, please ca	all:		
Manuel	Hinke		305 799 0306 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	المشد،
Enclosed	is a check for the	he following amount:		JUH 2 AHASS	
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional Copy is enclosed)	

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

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

InverMex Advisors, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) cility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 06/05/2009	and assigned
Florida document number L09000054727		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:		25. 28
New Registered Office Address:	Enter Florida street address	
	Zino, i iorna arros ada ca	20
	, Florid	ia ^r :
	City	Zip.Code
New Registered Agent's Signature, if changing Registered Agent:		<u> 20</u> 25
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office and	rformance of my duties, and t ovided for in Chapter 605, F.S	am jamiliar with ana S. Or, if this document is
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
MGR	Manuel Hinke	4090 Laguna Street, 2nd Floor	
		Coral Gables, FL 33146	□ Remove
			■ Change
			Add
			☐ Remove
		 	☐ Change
			Add
			Remove
			Change
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fective date, if other	er than the date of filid, the date must be specific a	ing: 07/01/2016		(or	otional)	
ote: If the date insert	ted in this block does no	t meet the applica	o date of filing or mo ble statutory filing	re than 90 days at requirements, t	fter filing.) Pi this date wi	ursuant to 605.0 Il not be listed
cument's effective d	late on the Department o	f State's records.			5. 2	2
record specifies	a delayed effective	date, but not	an effective ti	me. at 12:01		the earlier
	er the record is file		. an areative tr			Torran.
The 90th day aft						
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Filing Fee: \$25.00