L10000058674

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	e)
(Do	ocument Number)	
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SECRETARY OF STATE

HAN OT 2014 J. HARRIS

GARY SILBERMAN, P.A.

OFFICES AT GRAND BAY PLAZA 2665 S. BAYSHORE DRIVE, SUITE 725 COCONUT GROVE, FL 33133

TELEPHONE: 305-285-0377

TELEFAX: 305-285-2325

April 28, 2014

Via Federal Express

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Articles of Amendment to Inversiones, LLC

Our File No.: 14-210

Dear Sir or Madam:

Please find attached the following document to be filed with the Secretary of State:

- 1) Articles of Amendment to Inversiones LLC;
- 2) Our trust account check payable to Division of Corporations in the amount of \$25.00.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

Sandra Lopez, Paralegal

/scl Enclosures

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: Inver	fin Inversiones	s, LLC				
SUBSECT.		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Gary Silbern	nan, Esq.				
Name of Person						
Gary Silberman, P.A.						
		Firm/Company				
	2665 S. Bay	shore Drive, Sui	te 725			
		Address				
	Coconut Gro	ove, FL 33133				
City/State and Zip Code						
	mysecondbusine E-mail address: (1	SS@gmall.com to be used for future annual report notifi	ication)			
For further information co	oncerning this matter, please ca	all:				
Gary Silber	man	_{at} 305, 285-03	377			
Name of	Person		Telephone Number			
Enclosed is a check for th	e 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 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

Inverfin Inversiones, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000058674</u>		and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbrev	viation "L.L	"C."
Enter new principal offices address, if applicable:			9
(Principal office address MUST BE A STREET ADDRESS)		32=	SES
		20	@
		- 13	925
T		7	
Enter new mailing address, if applicable:		<u>ت</u>	24 - 55 24 - 55
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u> </u>
		·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		name of	the new
	Enter Florida street address		
	, Florida	ip Code	
	City Z	ip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am famil	liar with o	and

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Jose G. Abondano MGR 15901 Collins Ave, #2101, Sunny Isles, FL 33160 ☐ Remove AMBR Monaco Investments Company Corp. 15901 Collins Ave, #2101, Sunny Isles, FL 33160 ☐ Remove Jose G. Abondano Fortou MGRM ☐ Add 15901 Collins Ave, #2101, Sunny Isles, FL 33160 **■** Remove □ Remove □ Add ☐ Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
E. Effec	tive date, if other than the date of filing:
	ate this document is filed by the Florida Department of State)
Date	4 April 23
Bulev	Sani Colla Mendran
	Signature of a member of authorized representative of a member
	Jose G. Abońdano
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00