

L1 0000061189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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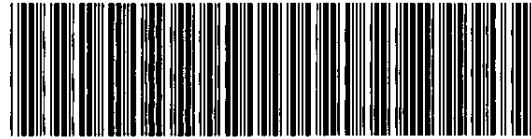
(Business Entity Name)

(Document Number)

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SEAL OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 18 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Invenio Mortgage, 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:

Kelly Simpson
Name of Person

Invenio Capital, LLC
Firm/Company

12801 Westlinks Dr #201
Address

Fort Myers, FL 33913
City/State and Zip Code

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

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11 AUG 17 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kelly Simpson at (239) 1694-7400
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)

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**

Invenio Mortgage, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/8/10 and assigned
Florida document number L10000061189.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Invenio Pearl One, LLC

Name change only

The new name must be distinguishable and end with 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)

12801 Westlinks Dr #201

Fort Myers, FL 33913

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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TALLAHASSEE, FLORIDA
11 AUG 17 PM 2:01

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Invenio Capital, LLC

New Registered Office Address:

12801 Westlinks Dr #201

Enter Florida street address

Fort Myers

City

Florida

33913

Zip Code

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

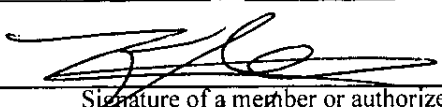
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input checked="" type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____


 Signature of a member or authorized representative of a member
 KEITH CAMPBELL
 Typed or printed name of signee

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 JUN 17 PM 12:01
 STATE OF FLORIDA
 TALLAHASSEE