

L10000090595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 3 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IVANNOVA SUPPLY & DEVELOPMENT 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:

JONATHAN ASERRAF

Name of Person

Firm/Company

7950 NW 53RD STREET, SUITE 337

Address

MIAMI, FLORIDA 33166

City/State and Zip Code

JA@OFFIXSOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN ASERRAF

305 799-1576
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

IVANNOVA SUPPLY & DEVELOPMENT LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 08/30/2010 and signed
Florida document number L10000090595.

This amendment is submitted to amend the following:

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

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:

13727 SW 152 Street Suite 436

(Principal office address MUST BE A STREET ADDRESS)

Miami FI 33177

Enter new mailing address, if applicable:

13727 SW 152 Street Suite 436

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33177

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:

BRACHO CHIRINOS, JUAN CARLOS

New Registered Office Address:

13727 SW 152 Street Suite 436

Enter Florida street address

MIAMI

City

, Florida 33177

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 605, 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.

JUAN CARLOS BRACHO
If Changing Registered Agent, Signature of New Registered Agent

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> | <u>Type of Action</u> |
|--------------|---------------------|-------------------------------|--|
| MGRM | RAMOS, LENNY Y | 7950 NW 53RD STREET | <input type="checkbox"/> Add |
| | | SUITE 337 | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL 33166 | |
| MGRM | BRACHO, JUAN CARLOS | 13727 SW 152 Street Suite 436 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33177 | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 11TH, 2015.

LENNY RAMOS

Signature of a member or authorized representative of a member

LENNY RAMOS

Typed or printed name of signee

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