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TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Co					
SUBJECT:	INVERSI	ONES 7414 LLC		₽¢-	
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		ROBERTO DE BIASE			
		Name of Person			
INVERS		VERSIONES 7414 LLC			
	 	Firm/Company			
· • •		6824 NW 77 CT			
		Address		TAE 1	
		MIAMI FL 33166		10 NOV SECRETA	*******
		City/State and Zip Code		SS (Emerican mercum
	E-mail address: (to be used for future annual report notification	on)	Y OF S	I
For further information	concerning this matter, please of	call:		112: 39 STATE LORID,	D
	ERTO DE BIASE	at (786) 99	15806	> •	
Name o	of Person	Area Code & Daytime Tel	ephone 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)	Certified	e of Status &	sed)
Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIER A Registration Section Division of Corporation		·	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERS (Name of the Limited Liability (A Florida	SIONES 7414 LLC y Company as it now appears of Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Corida document number	Company were filed on	FLORIDA and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the world.L.L.C."	rds "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		1C SE TALL
Principal office address MUST BE A STREET ADDI	RESS)	CRE NO
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		V-9 PHI2: 39 NAIY OF STATE ASSEE, FLORIDA
3. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	<i>C</i> '4	, Florida
	City	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 Mahaging Member being added or removed from our records:

MGR = Ma MGRM = I	anager Managing Member	•	**
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBERT DE BIASE	6824 NW 77 CT MIAMI FL 33166	Add Remove
MGR .	FABRIZIO DE BIASE	6824 NW 77 CT MIAMI FL 33166	Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if nec	10 NOV - SECRETAR
			9 PMI2: 39
Dated	NOVEMBER 01	<u>-2010</u>	
		mber or authorized representative of a member ROBERTO DE BIASE	
	T	med or printed name of signee	