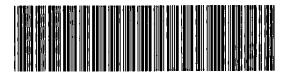
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11 JUN 24 AM 8: 59
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUN 27 2011

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo	on rations	· ,	
SUBJECT: INVES			RBLIN 8, LLC	
5000	<u> </u>		ted Liability Company	
The en	iclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
				SEC
			Andres Campos	
-			Name of Person	SSS
			INVERBLIN 8, LLC	M JUN 24 AM 8: 59 ALLAHASSEE, FLOREITARY OF STATE
			Firm/Company	100 S
7		717 Pond	ce de Leon Blvd. Suite:	- 1
_				
		Co	oral Gables, FL 33134	
i			verblin@hotmail.com	
		E-mail address: (1	to be used for future annual report	notification)
For fu	rther information con	cerning this matter, please c	eall:	
	Andre	es Campos	at (786)	343-4520
Name of Person			ytime Telephone Number	
Enclos	sed is a check for the	following amount:		
\$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INVERBLI						
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appea liability Company)	rs on our records.				
The Articles of Organization for this Limited Lia	and assigned						
Florida document numberL11000002214							
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	_	ility company he	<u>re</u> :	TILE BERNELLE			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	any," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if applica	717 Ponce de Leon Blvd. Suite: 228-A						
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, FL 33134					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		717 Ponce de Leon Blvd. Suite: 228-A Coral Gables, FL 33134					
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Andres Car	e: npos de Leon Blvd. Ei oral Gables		dress 33134			
		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 Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> **Name** <u>Address</u> **Type of Action** MGR **Andres Campos** 7361 N Kendall DR Suite 1700 ☐ Add Remove Miami Fl 33156 Ruddy Arevalo MGR 7361 N Kendall DR Suite 1700 ✓ Remove Miami FL 33156 **MGRM Andres Campos** 717 Ponce de Leon Blvd. Suite: 228-A 📝 Add Coral Gables, FL 33134 Remove MGRM Ruddy Arevalo 717 Ponce de Leon Blvd. Suite: 228-A Coral Gables, FL 33134 Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 20th 2011 Dated Signature of a member or authorized representative of a member Andres Campos Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00