

L11000014155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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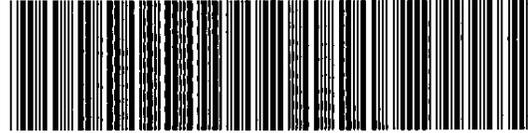
(Business Entity Name)

(Document Number)

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11 JUN 24 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 27 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INVERBLIN 4 MTG, 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:

**Andres Campos**  
Name of Person  
**INVERBLIN 4 MTG, LLC**  
Firm/Company  
**717 Ponce de Leon Blvd. Suite: 228-A**  
Address  
**Coral Gables, FL 33134**  
City/State and Zip Code  
**inverblin@hotmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Andres Campos** at ( **786** ) **343-4520**  
Name of Person Area Code & Daytime Telephone Number

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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**

**INVERBLIN 4 MTG, 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 02/02/2011 and assigned  
Florida document number L11000014155.

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1 JUN 21, PM 4:10  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

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:** 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:** 717 Ponce de Leon Blvd. Suite: 228-A  
**(Mailing address MAY BE A POST OFFICE BOX)** Coral Gables, FL 33134

**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:** Andres Campos

**New Registered Office Address:** 717 Ponce de Leon Blvd. Suite: 228-A  
*Enter Florida street address*

Coral Gables, Florida 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.*

*Andres Campos*

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>
MGR	Andres Campos	7361 N Kendall DR Suite 1700 Miami, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ruddy Arevalo	7361 N Kendall DR Suite 1700 Miami, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Andres Campos	717 Ponce de Leon Blvd. Suite: 228-A Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ruddy Arevalo	717 Ponce de Leon Blvd. Suite: 228-A Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 11 JUN 24 PM 4:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated June 20th, 2011

*Andres Campos*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Andres Campos

\_\_\_\_\_  
Typed or printed name of signee