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**EXAMINER** 



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## **COVER LETTER**

	ion Section of Corporations		
SURJECT	INVEPRO	PLLC	
Sebbe 1:	エルレE Pの o Name of Limi	ted Liability Company	A A A Maria A A A A A A A A A A A A A A A A A A A
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	They	Name of Person	
	INVE	Firm/Company	
	1350 A	Address Address	<u>- DS12</u>
	CHICA	1ec IC Local City/State and Zip Code	6/5
	TEM ESTA E-mail address: (1	o be used for future annual report notifical	WNVACTIONNESTY, con
	tion concerning this matter, please c		2.2.2
N N	ame of Person	at ( 5/2 9/5 - Area Code & Daytime T	elephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	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)
R D	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	
	allahassee, FE 32314 misse of particular	2661 Executive Cente	er Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	IN VEROID	PLLC				
<u> </u>	ame of the Limited Liability (A Florida	y Company as it now	appears on our reco	ords.)		
The Articles of Organization Florida document number	for this Limited Liability C	Company were filed			and assign	ned
This amendment is submitted	I to amend the following:					
A. If amending name, ente	r the new name of the lim	ited liability compa	nny here:			
The new name must be distingt "L.L.C."	uishable and end with the wo	rds "Limited Liability	Company," the desig	gnation "LLC"	or the abb	reviation
Enter new principal offices	address, if applicable:			,		
(Principal office address MU	<u> </u>	RESS)				
Enter new mailing address, (Mailing address MAY BE A						<u></u>
B. If amending the registered agent and/or the	new registered office add		ss on our records,	enter the na	ame of t	he new
Name of New Regis	stered Agent:			277		STATE OF THE PERSON NAMED IN
New Registered Off	ice Address:		Enter Florida si	treat address	<del>- 0</del>	- MARCHET
				fire of	9 70	191
	-	City	, Flo	orida <u>Zi</u>	Code	
New Registered Agent's Signa	ture, if changing Registere	ed Agent:				
I hereby accept the appoint	ment as registered agent	and agree to act in	this capacity. I fur	خة ther agree to	comply	with

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title 1	<u>Name</u>		Address	Type of Action
MGQM	RICHAN,	) Pollock	1/5/5 CAMDEN FARE D WINDER MERE, FC 3/34	Add Remove
				Add Remove
				Add Remove 
				Add Remove
				Add Remove
	<del></del>			Add Remove
D. If am	ending any other informati	on, enter change(s	) here: (Attach additional sheets, if necessary.)	_
				_ _
	15 AUC	ا الم		_
Dated	Sign		authorized representative of a member	
		Typed or	POLLOCK printed name of signee	

Page 2 of 2

Filing Fee: \$25.00