

L11000050767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100235548671

05/31/12--01014--011 \*\*25.00

FILED  
12 MAY 31 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cullen JUN - 1 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Inver Miami Gestion, 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:

Alex Ortiz, CPA

Name of Person

Suarez, Ceballos, Ortiz & Vega, CPA's

Firm/Company

354 Sevilla Ave

Address

Coral Gables, FL 33134

City/State and Zip Code

alex@scovcpas.com

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

For further information concerning this matter, please call:

Alex Ortiz

Name of Person

at ( 305 )

448-5255 ext 3

Area Code & Daytime Telephone 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)

☐ \$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**

**Inver Miami Gestion, LLC**

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

FILED  
12 MAY 31 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 28, 2011 and assigned  
Florida document number L11000050767

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:**

354 Sevilla Ave

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Gables, FL 33134

**Enter new mailing address, if applicable:**

354 Sevilla Ave

**(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:

Alex Ortiz, CPA

New Registered Office Address:

354 Sevilla Ave

*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.*

*Alex Ortiz*  
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>
MGRM	INOCENTE S SANCHEZ	AVENIDA DEL ALBIR. 36. 03584-PLAYA DE ABIR ALLCANTE, SPAIN ES 03581	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	INOCENTE SANCHEZ-SANCHEZ	354 SEVILLA AVE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LOPE-ANDUJAR MEJIAS	AVENIDA DEL ALBIR. 36. 03581-PLAYA DE ABIR ALLCANTE, SPAIN	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AMAPOLA LOPEZ-ANDUJAR	354 SEVILLA AVE 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)

Dated

X

Signature of a member or authorized representative of a member

INOCENTE SANCHEZ SANCHEZ

Typed or printed name of signee

FILED  
MAY 31 AM 11:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE