Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H11000184968 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PADRO AND COMPANY, P.A.

Account Number : I20050000094 Phone : (305)500-9361

Fax Number 1 (305)500-9492

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Rmail	Address					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSUPPLY, LLC

	-i
Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

J. BRYAN

Help

JUL 2 1 2011

1 H 11000 1844 683

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Inversu	oply, LLC		Carry W
(<u>N</u>	ame of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	The state of the s
The Articles of Organization	for this Limited Liability Company	y were filed on	07-05-2011	and assigned
Florida document number	L11000077249			
This amendment is submitted	f to amend the following:			
A. If amending name, ente	r the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distingu "L.L.C."	uishable and end with the words "Lin	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MI	UST BE A STREET ADDRESS)			
				
Enter new mailing address,	, if applicable:			
(Mailing address MAY BE A	A POST OFFICE BOX			
	tered agent and/or registered (new registered office address he		our records, <u>enter t</u>	he name of the new
Name of New Regis	stered Agent:			
New Registered Off	fice Address:			
		Er	nter Florida street addi	~e\$\$
		City	, Florida	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

1,5110001044683

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	Address	Type of Action
MGRM	Rafael O. Molina	2327 Cordova Bend Weston, EL 33327	
			Add Remove
<u> </u>			
			Add Remove
			
			
D. If amen	ding any other information, enter cha	age(s) here: (Attach additional sheets, if neces	sary.)
			SECRETAR SALLLAHASS
Dated		Alalius	Y OF STATE
	R	Ser or gathorized representative of a member afael Ernesto Molina ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00