## 1/000111756

(	Requestor's Name)	
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(	City/State/Zip/Phone	#)
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**EXAMINER** 

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## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJI	ECT:	INOWA IN	VESTMENTS LLC			
5020	,	Name of Limi	ted Liability Company			
•						
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			LLUC ACDASAUNT		F	3
		-	LUIS AGRAMUNT  Name of Person		10 A	5
					ALLAHASSE	
			JURIS MAGISTER		<b>2</b>	Ī
•			Firm/Company			
		7929 I	EAST DRIVE, SUITE 1204		SS T	A. Linkson
			Address			
		NORTI	H BAY VILLAGE, FL 33141			
			City/State and Zip Code	· -·	-	
			RISMAGISTER@GMAIL.CO			
		E-mail address: (	to be used for future annual report notif	ication)		
For fu	rther information	concerning this matter, please of	eall:			
	LUI	S AGRAMUNT	at ( 305 )	7583866		
	Name	of Person	Area Code & Daytim	e Telephone Numbe	er	
Enclos	sed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certifie	ate of Status &	osed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassec, FL 32	on rations enter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INOWA INVESTMENTS 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 September 29, 2011 and assigned L11000111756 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INOWA CONSULTING & INVESTMENTS LLC or the abbreviation The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LDC" "L.L.C." 2201 BRICKELL AVENUE, SUITE 96 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33129 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: **LUIS AGRAMUNT** Name of New Registered Agent: 7928 EAST DRIVE, SUITE 1204 New Registered Office Address: Enter Florida street address NORTH BAY VILLAGE \_, Florida \_\_

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 Agen

Page 1 of 2

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>:

	<u>Name</u>	Address	Type of Action
			Domaya
			□ n
. <del></del>			Add Remove
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			Add Remove
	ding any other information, en	er change(s) here: (Attach additional she	eets, if necessary.)
If amen			
If amen			
If amen			
  	MAY 20TH.	, <u>2012</u> .	
If amen		, 2012	iember

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Filing Fee: \$25.00