

L11000136205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

MAR 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTELEDGE 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:

ARMANDO MELGAREJO

Name of Person

INTELEDGE LLC

Firm/Company

690 SW 1st CT #2919

Address

MIAMI FL 33130-2931

City/State and Zip Code

AM@360BUSINESSCONNECTIVITY.COM

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

For further information concerning this matter, please call:

ARMANDO MELGAREJO

at

305

Area Code

409 2528

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**

FILED
15 MAR -2 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INTELEDGE 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 DEC. 02, 2011 and assigned
Florida document number L11000136205.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INVERMEL LLC

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:

690 SW 1st CT #2919

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33130

Enter new mailing address, if applicable:

690 SW 1st CT #2919

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33130

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:

ARMANDO MELGAREJO

New Registered Office Address:

690 SW 1st CT #2919

Enter Florida street address

MIAMI

City

, Florida 33130

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 605, 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.

Armando Melgarejo
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

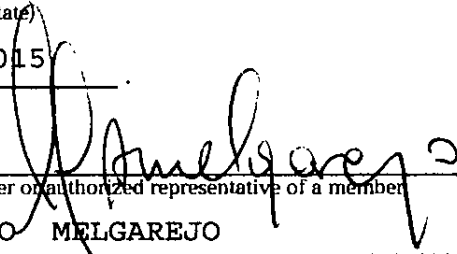
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HUGO MELGAREJO	690 SW 1st CT #2919	<input checked="" type="checkbox"/> Add
		MIAMI FL 33130	<input type="checkbox"/> Remove
AMBR	MONTSEERRAT N. CAMPOS	690 SW 1st CT #2919	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	ARMANDO MELGAREJO	690 SW 1st #2919	<input checked="" type="checkbox"/> Add
		MIAMI FL 33130	<input type="checkbox"/> Remove
NA	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
NA	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
NA	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 27th, 2015



Signature of a member or authorized representative of a member
ARMANDO MELGAREJO

Typed or printed name of signee