

L12000044949

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 20 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERMEDICAL 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:

ROBERT TANON

Name of Person

FLORYALBA AMERICAS, INC

Firm/Company

5599 S UNIVERSITY DR - SUITE 308

Address

DAVIE FL 33328

City/State and Zip Code

FLORYALBAAMERICAS@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT TANON

Name of Person

at (954) 628 - 8178

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

X ☒ \$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

12 AUG 17 PM 1:30

INVERMEDICAL LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 04/02/2012 and assigned
Florida document number L12000044949.

This amendment is submitted to amend the following:

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

FLORYALBA AMERICAS, 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:

(Principal office address MUST BE A STREET ADDRESS)

5599 S UNIVERSITY DR

SUITE 308

DAVIE FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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>
MGR	GALLEGOS, GABRIEL	316 CAMERON DRIVE WESTON FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove X
MGR	GALLEGOS, ANDRES	316 CAMERON DRIVE WESTON FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove X
MGR	ROBERT TANON	5599 S UNIVERSITY DR - STE 308 DAVIE FL 33328	<input checked="" type="checkbox"/> Add X <input type="checkbox"/> Remove
			<input 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 AUG 09, 2012

ROBERT TANON

Signature of a member or authorized representative of a member

ROBERT TANON

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA