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(	(Reques	stor's Name	e)	
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PICK-UP	, [	WAIT	(	MAIL
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ecial Instructions	to Filin	g Officer:		
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## COVER LETTER

b: Registration Section Division of Corporations	·
BJECT: -: 100001 110	
Name of Limited Liah	ility Company
e enclosed Articles of Amendment and fee(s) are submitted f	or filing.
ease return all correspondence concerning this matter to the fo	l bllowing:
Richard City	Tame of Person
, ^	imy/Company
1034 Luulah	Me Andress
St Mules Se	33919
richard tito	State and Zip Code  C C C C C C C C C C C C C C C C C C C
or further information concerning this matter, please call:	
Richard Atola Name of Person	at (234) 180-2388 Area Code Daytime Telephone Number
sclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$\Bigcup \$\Bigcup\$ Certificate of Status	55.00 Filing Fee & S60.00 Filing Fee,   Certified Copy 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

INVOCC LLC	
( <u>Name offthe Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
e Articles of Organization for this Limited Liability Co orida document number <u>L</u> ACOO 7466	1
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limit	ed liability company here:
new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "LLC."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRE	ESS)
iter new mailing address, if applicable:	3 M 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
<u> Jailing address MAY BE A POST OFFICE BOX)</u>	
If amending the registered agent and/or registered agent and/or the new registered office address.  Name of New Registered Agent:	ered office address on our records, enter the name of the new
New Registered Office Address:	
Ten registered on the register.	Enter Florida street address
	, Florida
	City Zıp Code
w Registered Agent's Signature, if changing Registered	Agent:
ovisions of all statutes relative to the proper and co cept the obligations of my position as registered ago	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	D. 70 1 of 2

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imending a	Authorized Person(s) authorized to m rom our records:	anage, enter the title, name, and address of ear	ch person being added
GR = Ma ABR = Au	nager thorized Member		
t <u>le</u>	Name ()	Address	Type of Action
φ	Deance Citrola	1034 Webbie Us	Add
•		It Hyers. Le 33919	Remove
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			Change

imending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
	<del></del>
	<u> </u>
fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior  te: If the date inserted in this block does not meet the applic cument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2) able statutory filing requirements, this date will not be listed as the
record specifies a delayed effective date, but no the 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of:
ted ADONADO 18 2017 Signature of a member or author	orized representative of a member
R. Marel C	ed name of signee
Pogr	3 of 3

Page 3 of 3
Filing Fee: \$25.00