

L120000156986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

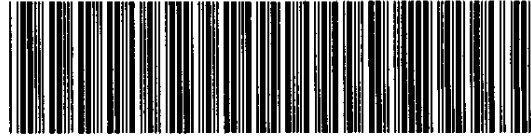
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/31/15--01018--007 **25.00

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
2015 MAR 31 PM 4:27

Amend/name
ch8
@ 4.20.15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVX Global Realty, 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:

Fortunata Espinoza

Name of Person

Global Investment

Firm/Company

2385 NW Executive Center Dr; Ste 100

Address

Boca Raton, FL 33431

City/State and Zip Code

fespinoza@invxglobal.com

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

For further information concerning this matter, please call:

Fortunata Espinoza

Name of Person

at (954) 389-7733

Area Code

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

INVX Global Realty, Inc

Page 1 of 3

SECRETARY OF DEFENSE
DIVISION OF COMPTROLLER
2015 MAR 31 PM 4:27
name of the new

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

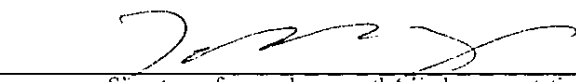
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rafael Del Carpio	2385 NW Exec. Cnt. Dr.	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	
			<input type="checkbox"/> Add
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D. 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 3/24, 2015.



Signature of a member or authorized representative of a member
Jessica Marchone

Typed or printed name of signee