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COVER LETTER

TO: Registration Section
Division of Corporations

INVEPA INTERNATIONAL

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:

Katiuska Vegas

Name of Person

Invepa International

Firm/Company

2527 Bay Pointe Court

Address

Weston, Florida 33327

City/State and Zip Code

katiuska.vegas@gmail.com

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

For further information concerning this matter, please call:

Katiuska Vegas

Name of Person

954,505-1627

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVEPA INTERNATIONAL LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A I torida Em	inted Diabrity Company)			
The Articles of Organization for this Limited Liability Con Florida document number <u>L13000066102</u>	npany were filed on <u>05/06/2013</u>	a	and assig	ned
This amendment is submitted to amend the following:	,			
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation	on "LLC" o	or the abi	breviation
Enter new principal offices address, if applicable:		71	2	
(Principal office address MUST BE A STREET ADDRES	SS)	:.	13/	
			50	1 ?
			5.	,
Enter new mailing address, if applicable:		7	.	1 4
(Mailing address MAY BE A POST OFFICE BOX)		Un	Ć	
		<u>)) (</u> 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.; <u>5</u> 5	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:			ame of	the new
	, Florida			
	City	Zip	o Code	
Name Desirational Association Community of the section Desiration of A				

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>	Address	Type of Action
MGR	KATIUSKA VEGAS	2527 BAY POINTE CT	✓ Add
		WESTON FL 33327	Remove
			_
MGR	KARELYS Y VIVES	58 ROUND HILL ROAD	
		TRUMBULL CT 06611	Remove
MGRM	KATIUSKA VEGAS	2527 BAY POINTE C	
		WESTON FL 33327	Remove
MGRM	KARELYS Y VIVES	58 ROUND HILL ROAD	Add
		TRUMBULL CT 06611	Remove
		,	- Add
			Remove
			OF Add
			U)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- <u></u>
MIAMI AUGUST 12 2013
Katius La Seadel
Signature of a member or authorized representative of a member
Katiuska Vegas
Typed or printed name of signee

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Filing Fee: \$25.00

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