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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

Division of Cor			
	NTERNATIONAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KATIUSKA VEGAS		
		Name of Person	
		INVEPA INTERN	NATIONAL LLC
		Firm/Company	
	2000 HARBOR VIEW CI	RCLE,	
		Address	
	WESTON FL, 33327		
	KVEGAS@INVEPAINTE	City/State and Zip Code RNATIONAL.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
KATIUSKA VEGAS		954 5051627 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Compared Florida document number	any were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		2 2	=
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		30.33
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Enter new mailing address, if applicable:		O PM	57 75
(Mailing address MAY BE A POST OFFICE BOX)	2000 HARBOR VIEW CIRCLE, WI	ESTON FL 33327	<u></u>
		<u>න</u> ල	- -;
	bere: Difference: Enter Florida street address	alon Fl	<u>nev</u> -
_West	for Fl., Florida	33307 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CARLOS J. VEGAS	2527 BAY POINTE CT	
		WESTON FL	
			■ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
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			Add
			□ Remove
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		SEC
	APR 30	SKETA SETA
	O PH	CORP
	-: 3	CORPORATIONS
	•)H
E. Effective date, if other than the date of filing: 04/24/2018 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	.0207 ed as	7 (3)(b) i the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	er of	f:
Dated Signature of a member or authorized representative of a member		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00