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(Re	equestor's Name)	
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COVER LETTER

Division of Cor			
Invasive Ca SUBJECT:	apital, LLC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raul Espinoza		
		Name of Person	
		Firm/Company	
	7480 Bird Road, Suite 660	1	
		Address	
	Miami, FL 33155		
		City/State and Zip Code	
	respinoza@repalaw.com an		
For further information c	E-mail address: (oncerning this matter, please of	to be used for future annual report notifi all:	cation)
Raul E. Espinoza / Vanes	ssa Arredondo	786 539-5410	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Fec, 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

Invasive Capital LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L13000079813	iability Company.	were filed on <u>06/03/2013</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli		, co ,,,	
(Principal office address MUST BE A STREET ADDRESS)		7480 Bird Road, Suite 660	
		Miami, FL 33155	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7480 Bird Road, Suite 660	16 OCT
		Miami, FL 33155	1 (2.51)
B. If amending the registered agent and registered agent and	_		enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	7480 Bird Road	<u> </u>	
		Enter Florida street address	
	Miami	, Flori	ida 33155
		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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Title** Name **Address** _□ Add ☐ Remove _ Change _□ Add _□ Remove _ Change _□ Add □ Remove _□ Change _ Add _□ Remove □ Change □ Remove ☐ Chafige □ Add

□ Remove

_□ Change

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Dated Sep	tember 21st)			16.0	j G
Dated Sep	tember 21st	Signature of	member or) authorized renre	sentative of a me	ember	100 91	15081
Dated	Raul E. Espinoza	Signature of a	a member or a	outhorized repre	sentative of a me	mber	16 OCT -7	1504 F C

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Filing Fee: \$25.00