

L14 000010925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



(Business Entity Name)

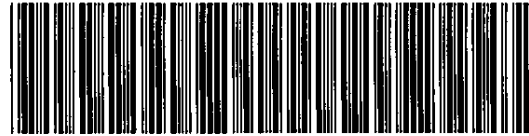
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ALLIANCE OF
INDIAN TRIBES

3. Drivers MAR 24 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2014

ILEANA TOVAR ESQ
2250 NW 136TH AVE
PEMBROKE PINES, FL 33028

SUBJECT: INVECA, LLC
Ref. Number: L14000010925

We have received your document for INVECA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00005415

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INVECA, LLC

DOCUMENT NUMBER: L14000010925

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ILEANA ARIAS TOVAR, ESQ.

Name of Contact Person

ARIAS TOVAR & ASSOCIATES, P.a

Firm/ Company

2250 NW 136th Avenue

Address

PEMBROKE PINES, FL 33028

City/ State and Zip Code

IARIAS@ARIASTOVAR.COM

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

For further information concerning this matter, please call:

ILEANA ARIAS TOVAR

Name of Contact Person

at (954) 385 2284

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INVECA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/21/2014 and assigned
Florida document number L14000010925.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8285 NW 64TH ST. #2

MIAMI, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8285 NW 64TH ST. #2

MIAMI, FL 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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>
MGRM	Norvis E. Velazco	2250 NW 136th Avenue	<input type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Remove

MGRM	ANTONIO ARIAS	8285 NW 64th ST. #2	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove

MGRM	ANDREA C. FLEIRES	8285 NW 64th ST. #2	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove

Please just change
the address for
Andrea C. Fleires

thanks

14 SEP 21 AM 8:51
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09/21/2014 BY 60324
UCBA

☐ Add
☐ Remove

☐ Add
☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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 MARCH 17, 2014

Andrea C. Fleires

Signature of a member or authorized representative of a member

ANDREA C. FLEIRES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
TALLAHASSEE, FLORIDA
16 MAR 21 AM 10:51