LI4000053293

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APR 1 0 2013 **T. HAMPTON**

COVER LETTER

Division of Cor	porations		
SUBJECT: TIVA	T, LLC		
	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:	
	Jesus Milova	an Kraljevic Vald	ivia
		Name of Person	
		Firm/Company	
	7750 SW 11	7th Avenue, Ste	206
		Address	
	Miami, FL 33	3183	
		City/State and Zip Code	· · · · · ·
	mkraljev@inverg		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Jesus Milova	ın Kraljevic Vald	ivia at (305) 818-99	993
Name o	f Person		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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TIVAT, LLC		
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I		April 1, 2014 and assigned
Florida document number L14000053293		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and end with the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	75 23
(Principal office address MUST BE A STRE)	ET ADDRESS)	
		9-9-9
Enter new mailing address, if applicable:		मिन्न 🔁 🗂
(Mailing address MAY BE A POST OFFICE	BOX)	
		중선 오
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address of fice address bere:	on our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	1450 Madruga Avenue,	
	Enter Fi	orida street address
	Coral Gables	, Florida <u>33146</u>
	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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Add
			□ Remove
			20th APR PROVE PTALLAHASSEE.
			Add Remove
	·		
			Remove
			Add
			Remove

If amending any of	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective date must	ther than the date of filing: (optional) be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
Dated April 4	2014
	Signature of a member or authorized representative of a member
Jesu	s Milovan Kraljevic Valdivia
	Typed or printed name of signee

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Filing Fee: \$25.00