

L14000134-799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

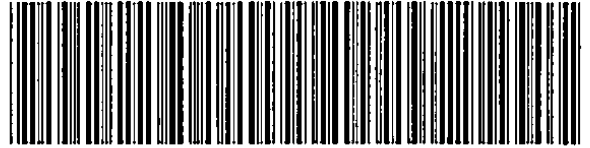
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900332681619

08/09/19--01019-- 310 **30.00

RECEIVED
FALLAHASSEE FLORIDA

2019 AUG -9 PM 1:52

2019 AUG -9 PM 1:52

AUG 15 2019
C. MCNAUL

COVER LETTER

TO: Registration Section
Division of Corporations

17 Aug 2009

2009 AUG -9 PM 1:58

SUBJECT: INVERMOL LLC

Name of Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISIS ISABEL

Name of Person

H & I TAX INVESTMENT CORP

Firm/Company

1860 N PINE ISLAND RD STE 111/112

Address

PLANTATION, FL 333322

City/State and Zip Code

ISISTAX@AOL.COM

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

For further information concerning this matter, please call:

ISIS ISABEL

954 600-5801

at ()

Name of Person

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**

INVERMOL LLC

2014 AUG -9 PM 1:53

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) **TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 08/27-2014 and assigned Florida document number L 14000134799.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAFAEL ENRIQUE MOLINA MOLINA	6739 SEGOVIA CIRCLE WEST PEMBROKE PINES , FL 33331	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ENDRINA M MONTILVA DAVILA	6739 SEGOVIA CIRCLE WEST PEMBROKE PINES , FL 33331	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAFAEL ERNESTO MOLINA MOLINA	5230 NW 83 RD COURT DORAL , FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Remove Rafael Enrique Molina Molina 25%
MGR. 6739 Segovia Circle West
Pembroke Pines FL 33331

Remove Endrina M. Montilva Davila 24%
MGR 6739 Segovia Circle West
Pembroke Pines FL 33331

Add. Rafael Ernesto Molina Molina 49%
MGR 5230 NW 83rd. Court
Doral FL 33166

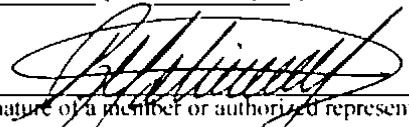
E. Effective date, if other than the date of filing: 06-01-2019 (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 06-01- 2019


Signature of a member or authorized representative of a member

RAFAEL ERNESTO MOLINA MOLINA
Typed or printed name of signer