Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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From:				3
	Account Name : BLACKLEDGER Account Number : I20150000089		T STATE FLORIDA	C+:7
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https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVI	ESTMENTS PH LLC	
(Name of the Limited Link (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
(,,,,,,	Date Limited Liberity Company)	
The Articles of Organization for this Limited Liability	y Company were filed on05/12/2015	and assigned
Florida document number L15000083562	<u>-</u> -	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		AC 3
		<u> </u>
B. If amending the registered agent and/or re		
registered agent and/or the new registered office a	adress nere:	SER
Name of New Registered Agent:		
New Registered Office Address:		PRID.
•	Enter Florida street address	-م.
_	, Flori	
	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

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It 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

Title	<u>Name</u>	Address	Type of Action
MGR	HERIBERTO CELESTINO	2330 PONCE DE LEON BLVD	
	HERNAUDEZ QUINTERO	CORAL GABLES, FLORIDA 33	□ Remove
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Cass o. Vote:	(optional) (codes date is listed, the date of filling; (codes date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filling.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
e re Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filled.
	10/15/2015
Jarec	Signature of a member or ad Drized Approximative of a member