L15000 10393a

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
. (City/	State/Zip/Phone	+)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docu	iment Number)	
Certified Copies		of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2015 AUG 21 AM IO: 45

NIG 25 2015 J. HARRIS

TO: Registration Section . Division of Corporations SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: The enclosed Articles of Amendment and fee(s) are submitted for filing. Flease return all correspondence concerning this matter to the following:

INA MULTIERVICES LLC
Firm/Company

4808 N STATE 2D 7#306
Address

CORAL SARINGS FL 33073
City/State and Zip Code

ERIK FCABRERD QME. COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 ERIK CASSES
 at (561)
 309 46 49

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee **□** \$30.00 Filing Fee &

30.00 Filing Fee & ☐ \$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

INA MULTISER	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000</u> 103932.	were filed on 8:00 Am Jone 16,205 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
N/A:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:	3207 PORT ROYALE DR 5 UNITE FORT LAWDERDALE FL 33308
(Mailing address MAY BE A POST OFFICE BOX)	FERT LANDERDALE FL 33308
B. If amending the registered agent and/or registered of 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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. If Chan	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR-AMBR	ERIK F CABRERA	3207 FORT ROYAUE DR 5 Apt E	
		FORT LAWDERDOVE 3230B	□ Remove
			Change
	····		
			□ Remove
			☐ Change
	······································		Add
			□ Remove
			□ Change
			Add
			Remove 1
			Remove Change Change Add 45
			5 A A A A A A A A A A A A A A A A A A A
			□ Remove
			Change
*			□ Add
			□ Remove
			□ Change

amending any other information, enter change(s) here: (Attach additional sheets,	
· · · · · · · · · · · · · · · · · · ·	
	
	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	
ote: If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	its, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	l:01 a.m. on the earlier o
ated August 17 , 2015.	2015 AUG SECKETA TALLAHA
	SS:
Signature of a member or authorized representative of a member	mo - re
	ANO:
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00