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(Requ	estor's Name)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2015

EDUARDO AYALA MAURA AYALA LAW P.A. 1390 BRICKELL AVE., SUITE 335 MIAMI, FL 33131

SUBJECT: INATION BROKERAGE LLC

Ref. Number: L15000159373

We have received your document for INATION BROKERAGE LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00023905

15 NOV 24 P 1: 31

5 NOV 23 PM 3: 10

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COVER LETTER

то:	Registration Sec Division of Corp					
CUD		BROKERAGE LLC				
SUB	JECT:	Name of Lim	ited Liability Company			
The e	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspon	ndence concerning this matter	to the following:			
		Eduardo Ayala Maura				
		 	Name of Person			
		Ayala Law P.A.				
			Firm/Company			
		1390 Brickell Ave. Suite 3	35			
			Address			
		Miami, FL 33131		SEC	2015	
		lawayala@gmail.com	City/State and Zip Code	(HASS	2015 NOV 24	
		E-mail address: (to be used for future annual report notific	cation)		ГП
For fi	urther information co	oncerning this matter, please ca	all:	FSTAT	で ==	U
Edua	rdo Ayala Maura		954 9181752 at ()		30	
	Name of	Person	Area Code Daytime	Telephone Number		
Encid	osed is a check for th	e following amount:				
s	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py	

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

INATION BROKERAGE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000159373</u>	were filed on 09/18/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2115
Enter new mailing address, if applicable:	HASSE	NOV 2
Mailing address MAY BE A POST OFFICE BOX)		
3. 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	
	Dlani	ida
	, Flori	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Pedro Egusquiza	1390 Brickell Ave. Suite 335	■ Add
		Maimi, FL 33131	□ Remove
			☐ Change
MGR	Alberto Manzor Jr	1390 Brickell Ave. Suite 335	Add
		Maimi, FL 33131	■ Remove
			☐ Change
			□ Add
			Remove ALLAHASSEE, FLORIDE Remove Add Remove
			Remove Change
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09/	/18/2015	(4'	0	
ctive date, if other than the date of filing:	ot be prior to date of filing	optic or more than 90 days after	filing.) Pu	arsuant to 605.
If the date inserted in this block does not meet the iment's effective date on the Department of State's		filing requirements, this	date wil	I not be liste
iment's effective date on the Department of State's	s records.			
	hh			Alexandra
ecord specifies a delayed effective date, ne 90th day after the record is filed.	but not an ellecti	ve time, at 12:01 a	ı.m. on	the earne
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00