L15000176807

(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



900291652239

11/08/16--01006--019 **25.00

SECRETARY OF STATE

MEDELVED

ZUIGNOV -7 PH IZ: 28

K. SALY NOV - 9 2016

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Name of Lim	Marketing 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:	
	<u>Javier</u>	Name of Person	
	1554 50	Firm/Company Ftshell Sta	eet
		Address Address City/State and Zip Code Pena 417 @ q to be used for future annual report notified.	
For further information of	oncerning this matter, please c	all:	
Javier Name o	Percon	at (407) SOS Area Code Daytime	5084 Telephone Number
Enclosed is a check for t	he 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

²⁰ 18 N	FIL	ED
TALLAHA	ARY O	M12: 28
<u>s.</u>)	SEE.	LORION

(Name of the Limited Liability Company as it now applears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on __\0 /\9/20\5 Florida document number L15000176867 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Invader 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

MGR = M	from our records: anager uthorized Member	Address SECRETARY OF	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE	Type of Action
		- ASSEE, FLORID	Add
		·	☐ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			□ Change
			Add
		.	☐ Remove
			☐ Change
			□ Remove
			Change

•	· · ·			FILED 16 NOV-7 PM 12: 28 AU JARY DE 2
			20	(CED)
			SF	MIN-7 PH 12: 20
			TALL	AHASSEC STATE
				CHETARY OF STATE AHASSEE, FLORIDA
				
<u></u>				
				<u></u>
				<u>.</u>
E. Effective date, if other that (If an effective date is listed, the date inserted in a document's effective date on	ate must be specific and cannot this block does not meet th	e applicable statutory fi	(option r more than 90 days after fil ling requirements, this d	ling.) Pursuant to 605.0207 (3)(
If the record specifies a de (b) The 90th day after the		but not an effective	e time, at 12:01 a.r	m. on the earlier of:
Dated November				
 	Signature of a membe	NA M	ive of a member	
	Javier			

Page 3 of 3

Filing Fee: \$25.00