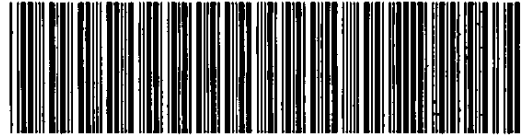


L16000052013



400285538534

05/12/16--01010--005 **25.00

FILED

16 MAY 12 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L16/16DS

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERSODA GROUP, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Marvelia L Aparicio

Name of Person

Firm/Company

175 sw 7th St. Suite #2011

Address

Miami, FL 33130

City/State and Zip Code

lorelvy@477realty.com

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

FILED
16 MAY 12 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marvelia L Aparicio

305 629-8191
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**

INVERSODA GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/14/2016 and assigned
Florida document number L16000052013.

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: Marvelia L Aparicio

New Registered Office Address: 175 SW 7th St. Suite #2011

Enter Florida street address

Miami, Florida 33130
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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MG	Marvelia L Aparicio	175 SW 7th St	<input checked="" type="checkbox"/> Add
		Suite #2011	<input type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
MG	Antonio Alcantarini	175 SW 7th St	<input type="checkbox"/> Add
		Suite #2011	<input checked="" type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
MG	Dalai Ramirez	175 SW 7th St	<input type="checkbox"/> Add
		Suite #2011	<input checked="" type="checkbox"/> Remove
		Miami, FL 33130	<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

FILED
16 MAY 1 AM 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 12 AM 8 51
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

FILED
MAY 12 AM 8:51
16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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.

2016

Signature of a member or authorized representative of a member

Marvelia L Aparicio

Typed or printed name of signee