## L16000101256

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## **COVER LETTER**

TO: Registration So Division of Co					
HOT PASS	SION BOUTIQUE LLC	v			
	Name of Lim	ited Liability Company			
			1		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	1	i	
Please return all correspo	ondence concerning this matter	to the following:			
	WILMERS I. ANAYA				
	·	Name of Person			
				••	
		Firm/Company			
	480 W 84 ST STE 105				
	<del> </del>	Address			
	HIALEAH,FLORIDA, 330	014			
	- · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
	INVEXMART@GMAIL.C	COM			
	E-mail address: (	to be used for future annual report notifi	ication)		
For further information of	concerning this matter, please ca	all:	ALL	2017	
WILMERS ANAYA		305 335-6755 at ()	AHAS	HAR	
Name o	of Person	Area Code Daytime	Telephone Number	<u>-</u>	
			五年	Ū	
Enclosed is a check for t	he following amount:		GRIE	2: 0	O
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 File	ing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificat Certified		us &
		(waamonii oopy is eneroses)	(additional		closed)

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

HOT PASSION BOUTIQUE LL				
(Name of the Lin	(A Florida Limited	iny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited	Liability Company	were filed on $\frac{05}{}$	24/2016	and assigned
Florida document number L16000101256	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company he	re:	
INVEXMART, LLC.				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if appl	icable:	480 W 84 ST ST	E 105	
Principal office address MUST BE A STREET ADDRESS)		HIALEAH, FLORIDA 33014		
Enter new mailing address, if applicable:		480 W 84 ST ST		
Mailing address MAY BE A POST OFFICE	<u>s BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered of				
Name of New Registered Agent:	WILMERS I. A	ANAYA	E C	Part of
New Registered Office Address:	480 W 84 ST S		da street address 3	
	HIALEAH		, Florida <sup>3301</sup>	4
		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>	Type of Action
MRG	WILMERS I. ANAYA	480 W 84 ST STE 105	□ Add
		HIALEAH, FL 33014	Remove
			■ Change
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		<del> </del>	☐ Remove
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing.	ng or more than 90 days after filing.) Pursuant to 6	05.02
e: If the date inserted in this block does not meet the applicable statutor ament's effective date on the Department of State's records.	ry filing requirements, this date will not be li	sted a
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	tive time, at 12:01 a.m. on the ear	lier (
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Typed or printed name of signee

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