## L16:000125446

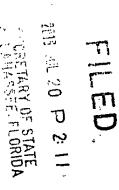
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## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT: FINV	OICE Interr	national LL	.C	
SUBJECT.	1	Name of Limited Liabi	lity Company	
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) a	re submitted for filing		
Please return all corresp	ondence concerning this n	natter to the following	:	
Felix Bodn	er			
	Name of Person			
<b>FINVOICE</b>	Internationa	al LLC		
	Firm/Company			
777 St Alba	ans DR			
	Address			
Boca Rato	n FL 33486			
(	City/State and Zip Code			
felixbodner@gmail.com				
E-mail address: (to	be used for future annual	report notification)		
For further information concerning this matter, please call:				
Felix Bodn	er	<sub>at (</sub> 614	9899167	
Name	of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		1 1 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)				

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: FINVOICE International LLC The Florida Document number of the limited liability company is: L16000125446 **SECOND:** Document to be corrected is: Statement Correction - Articles of organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT  $|\mathbf{x}|$ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: AMBR name was misspelled. **FINVOICE LLC** Correct AMBR name is: OR П Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: 2018 OR П The electronic transmission of the record was defective. ignature of Authorized Representative Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)