

L16000135329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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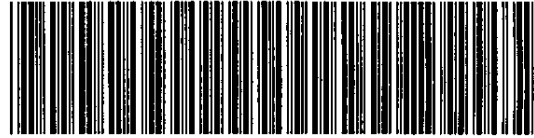
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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2016 SEP -6 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
SEP -8

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IPEX 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:

ANA M. DRAVEN

\_\_\_\_\_  
Name of Person

IPEX GROUP LLC

\_\_\_\_\_  
Firm/Company

4520 NW 107 AVE UNIT 204

\_\_\_\_\_  
Address

DORAL, FL 33178

\_\_\_\_\_  
City/State and Zip Code

ipexgroupllc@gmail.com

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

For further information concerning this matter, please call:

ANA M. DRAVEN

786 2120490  
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

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TALLAHASSEE, FLORIDA  
and assigned

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

**This amendment is submitted to amend the following:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

## Zip Code

## Page 1 of 3

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

| Title | Name             | Address                  | Type of Action                             |
|-------|------------------|--------------------------|--------------------------------------------|
| MGR   | JULIANA MONSALVE | 4520 NW 107 AVE UNIT 204 | <input type="checkbox"/> Add               |
|       |                  | DORAL, FL 33178          | <input type="checkbox"/> Remove            |
|       |                  |                          | <input checked="" type="checkbox"/> Change |
| MGR   | ANA M. DRAVEN    | 4520 NW 107 AVE UNIT 204 | <input checked="" type="checkbox"/> Add    |
|       |                  | DORAL, FL 33178          | <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            |
|       |                  |                          | <input type="checkbox"/> Add               |
|       |                  |                          | <input type="checkbox"/> Remove            |
|       |                  |                          | <input type="checkbox"/> Change            |
|       |                  |                          | <input type="checkbox"/> Add               |
|       |                  |                          | <input type="checkbox"/> Remove            |
|       |                  |                          | <input type="checkbox"/> Change            |

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(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.

Dated AUGUST 29, 2016

Julianne

Signature of a member or authorized representative of a member

JULIANA MONSALVE

Typed or printed name of signee