

L16000161820

Florida Department of State
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Phone : (305) 485-9700
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVERFAM LLC

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ALL AMENDMENTS, CORRECTIONS, AND RESIGNATIONS MUST BE FILED WITH THE FLORIDA DEPARTMENT OF STATE

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ALL AMENDMENTS, CORRECTIONS, AND RESIGNATIONS MUST BE FILED WITH THE FLORIDA DEPARTMENT OF STATE

SEP 15 2016
J. BRUCE

H160002286793

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INVERFAM 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 09/06/2016 and assigned
Florida document number L16000166820.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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

Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Gomez Aguirre, Luis A	12030 SW 129 COURT, 208	☐ Add
			☐ Remove
		MIAMI, FL 33186	
MGR	Gomez Aguirre, Luis A	12030 SW 129 COURT, 208	☐ Add
			☐ Remove
		MIAMI, FL 33186	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

↑
we are
changing the
Q for a G

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 12, 2016

X Gomez

Signature of a member or authorized representative of a member

Luis A Gomez Aguirre

Typed or printed name of signer

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