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## **COVER LETTER**

TO: Registration Division of C			•	
i Idka Invi	tations LLC			
	Name of Lir	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
	condence concerning this matter	_		
	Martha Amador			
	ldka Invitations LLC	Name of Person		
	5217 SW 140TH PL	Firm/Company		
	Miami Florida 33175	Address		Y C
	idkainvitations@gmail.com	City/State and Zip Code		19 JUN 18
For further information	E-mail address. (concerning this matter, please or	to be used for future annual report notific	ation)	18 A
Luwidka Amador	osteroning into matter, preuse c	305 342-9336 at ( )		18 AH 10: 32
Name	of Person		Telephone Number	_ N X
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 F Certificate of Certified Copy (additional copy)	Status & v
	JNG ADDRESS:	STREET/COURIEI Registration Section	RADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

idka invitation LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L16000169615}{L16000169615}$	Company were filed on 09/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Designed by Idka LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		THEOR STATIONS
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, <u>enter</u> <u>dress here</u> :	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	<u>ed Agent:</u>	

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 removed from our records:	,
or removed from our records:	ing added

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	<u>Name</u> Vanessa Amador	Address	Type of Action
		13928 SW 102 Lane Miami Fl 33186	
			■ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			□ Remove
			Change

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ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ited_	Signature of a member or authorized representative of a member
	HASTAN FRANCE
	Signature of a mambar or out
	organitative of a member

Page 3 of 3

Filing Fee: \$25.00