

L17000016995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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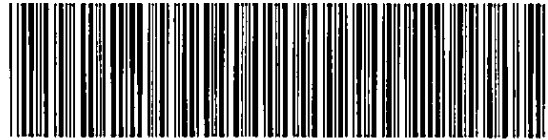
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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JUL 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ivel 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:

Mario Paz
Name of Person
Paz Legal Services LLC
Firm/Company
722 Patrick Street, Suite 210
Address
Kissimmee, Florida 34741
City/State and Zip Code
Pazlegalservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

giovana RUTA at 305 713 7812
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

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

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ive1 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 01/23/2017 and assigned
Florida document number L17000016995.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6220 NW 173ST Apt 723.
hialeah, Florida. 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6220 NW 173ST Apt 723
hialeah, Florida 33015

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:

Giojana RuTa

New Registered Office Address:

6220 NW 173ST apt 723

Enter Florida street address

hialeah,

City

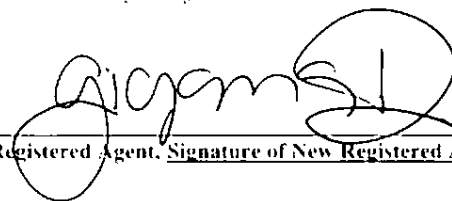
Florida

33015

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> | <u>Type of Action</u> |
|--------------|-------------------------------|---|--|
| MGR= | Hernan J, Esciorcha Unares | 9097 NW 117 Street. Hialeah garden, Fl 33018 | <input type="checkbox"/> Add |
| | | Remove. | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Giojana Rota | 70220 NW 1735T | <input checked="" type="checkbox"/> Add |
| | | Apt 723, hialeah Fl | <input type="checkbox"/> Remove |
| | | 33015 (Add). | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Changing Registered Agent From

Hernan Escobedo to giojana Rota.

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E. Effective date, if other than the date of filing: 7/2/2018 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 2nd 2018

Giojana Rota / Ariana Quispales
Signature of a member or authorized representative of a member

giojana Rota / Ariana Quispales
Typed or printed name of signer