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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: Inveetech Soluti	ous LLC
(Name of Limited Liability Comp	oany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Isis Isubel (Contact Person)	
H S I TAX Investment Conf (Firm/Company))
1860 NP, Ne Island 20 Suite	109
Plantation FL 33322 (City/State and Zip Code)	
For further information concerning this matter, please call:	
TSis TsabeL at (954) (Name of Contact Person) (Area Code 8	2250899
(Name of Contact Person) (Area Code &	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De □ \$25 Filing Fee □ \$55 Filing I	epartment of State for: Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Invertech Sol	Stone LLC pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u> </u>	017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		DIKYSION TO
(Principal office address MUST BE A STREET ADDRESS)		SION BY
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OF COAMBURGIONS
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	City	Zip Code
Now Desistand Agent's Signature if shanging Degistered Agent	4.	

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> Name Address **Type of Action** ☐ Add Remove ☐ Change Hafael E.Molino 6739 Segovia cir **X** Add ☐ Remove ☐ Change _l ∂Add 🗆 Remo Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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	A mending :
	Remove Kmu LLC
	ADDRESS: 11604 NW 87th LN
	70001 F1 23178
_	
-	CORF
	ADD: Rafael Molina 3.3. ADDRESS: 6739 Segovia Cie West 3.
_	Appless: 6739 Segovia cil West ?
	Pembroke Pines
_	FL-33331
• -	
_	
-	
fecti	ve date, if other than the date of filing: \(\sum_{\infty} \sum_{\infty
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlings of the record is filed.
THE	
ated	08-16-2017,
	\wedge \rightarrow \rightarrow \rightarrow \rightarrow
	Signature of a member or authorized representative of a member