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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
Invierta USA	V LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Marisela J Santana		
		Name of Person	
	Invierta USA LLC		
		Firm/Company	
	10261 NW 72 Street		
		Address	
	Doral FL 33178		
		City/State and Zip Code	
	mariselasantana7@gmail.co E-mail address: (om to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	all:	
Marisela J Santana		786 853-4201	
Name of	Person	at () Area Code Daytimo	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Sec Division of Corp The Centre of To	porations
i dilallassee, 1 l		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Invierta USA LLC

company has been notified in writing of this change.

2021 FEB 16 PH 5: 24

(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 $\frac{09-21-2017}{1}$ and assigned Florida document number <u>L17000196683</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Invierta Group LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:				
MGR = M $AMBR = A$	anager uthorized Member		• • • •	
<u>Title</u>	<u>Name</u>	Address	2021 FEB 16 PM 5: 24	Type of Action
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	February 8, 2021.
	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 teet the applicable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not a is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted February 8,	2021
	Human
Signature of a mo	ember of authorized representative of a member