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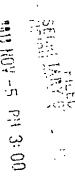
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co			
MINSKIN SUBJECT:	IVEST LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ELIMINSKI		
	MINSKINVEST LLC	Name of Person	
	9976 E BAY HARBOR D	Firm/Company R	
	BAY HARBOR IS, FL 33	Address	
	MINSKIELI@GMAHCOI	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
ELI MINSKI		305 778-5877	
Name	of Person	at () Area Code Daytin	ne 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

MINSKINVEST LLC	
(<u>Name of the Limited Liability Compa</u> (∧ Florida Limited	Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12/28/2017 and assigned
Florida document number L17000263671	\dot{v} ب بن \dot{v}
This amendment is submitted to amend the following:	2
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	JACK MINSKI
(Principal office address MUST BE A STREET ADDRESS)	9976 E BAY HARBOR DR
	BAY HARBOR IS, FL 33154
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the no</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	4.9
	, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JACK MINSKI	9976 E BAY HARBOR DR BAY HARBOR IS, FL 33154	= Add
			☐ Remove
		.	Change
		.	Add
			Remove
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			01/01/2018				
<u>Note:</u> If the da	, if other than the e is listed, the date mus te inserted in this blo ective date on the Do	ock does not mee	t the applicable	te of filing or more statutory filing r	(option than 90 days after equirements, this	nal) filing.) Pursuant to 60 date will not be list	5.0207 ted as
	ecifies a delayed ay after the reco		e, but not ar	ı effective tin	ne, at 12:01 a	.m. on the earli	ier of
Dated							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00