

2/11/2020
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H200003800513ABCT

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INEMANU, LLC

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November 4, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INEMANU, LLC
2875 NE 191ST STREET STE 801
AVENTURA, FL 33180US

SUBJECT: INEMANU, LLC
REF: L18000005440

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Signature page is too dark to read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: E20000380051
Letter Number: 720A00022031

P.O. BOX 6327 - Tallahassee, Florida 32314

(#200003800513)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INEMANU, 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 01/08/2018 and assigned Florida document number L18000005440.

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 end with 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
_____, 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

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(H200008800513)

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

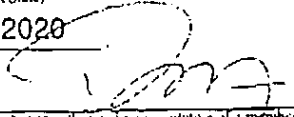
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WASSERMAN, DARIO</u>	<u>2875 N.E. 191ST STREET, SUITE 801</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>RAMIREZ, MARIA</u>	<u>17201 Collins Ave., Unit 1505</u>	<input checked="" type="checkbox"/> Add
		<u>Sunny Isles Beach, FL 33160</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 30, 2020



Signature of a member or authorized representative of a member

RAMIREZ, MARIA

Type or printed name of signer

TRANSMISSION VERIFICATION REPORT

TIME : 11/05/2020 10:56AM
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