

Division of Corporations

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L18000026862

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : RICHARDS & ASSOCIATES, PA.
Account Number : 120110000091
Phone : (305) 858-9900
Fax Number : (305) 285-0015

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18 MAR 29 AM 10:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: edate@richards-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTERVALUF LLC

Certificate of Status	0
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K. SALLY

MAR 30 2018

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2018 MAR 29 PM 12:53

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERVALUF 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:

ELENA DIAZ

Name of Person

RICHARDS & SANCHEZ P.A

Firm/Company

2665 SOUTH BAYSHORE DRIVE, SUITE 703

Address

MIAMI, FLORIDA, 33133

City/State and Zip Code

EDIAZ@RICHARDS-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELENA DIAZ

at ()

305

8589900

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

INTERVALUF LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/30/2018 and assigned
Florida document number L18000026862

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 "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

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	BOJANINI, GIOVANNI	2665 SOUTH BAYSHORE DR	<input type="checkbox"/> Add
		SUITE 703, MIAMI, FL	<input checked="" type="checkbox"/> Remove
		33133	<input type="checkbox"/> Change
MGR	RJASCOS, ANA L	2665 SOUTH BAYSHORE DR	<input type="checkbox"/> Add
		SUITE 703, MIAMI, FL	<input checked="" type="checkbox"/> Remove
		33133	<input type="checkbox"/> Change
MGR	FERNAN RODRIGUEZ	2665 SOUTH BAYSHORE DR	<input checked="" type="checkbox"/> Add
		SUITE 703, MIAMI, FL	<input type="checkbox"/> Remove
		33133	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
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HEREIN IS UNCLASSIFIED
DATE 10/1/2018 BY 60322 UCBAW

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

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18
CLERK OF DISTRICT COURT
STATE OF ARIZONA
TUCSON, ARIZONA

F. Effective date, if other than the date of filing: _____ (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.

(b) The 90th day after the record is filed.

Dated MARCH 27 2018

Signature of a member or authorized representative of a member

GIOVANNI BOJANINI

Typed or printed name of signee