

L18000084712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

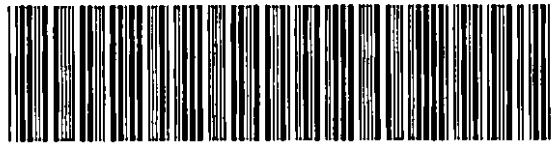
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -9 PM 12:01

N COOPER
MAY 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERCREDI INTERNATIONAL ADVISORS 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:

MARTIN PROSPERI

Name of Person

INVERCREDI INTERNATIONAL ADVISORS LLC

Firm/Company

2627 S BAYSHORE DR APT 1502

Address

MIAMI FL 33133

City/State and Zip Code

JMACCOUNTING@ATT.NET

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

For further information concerning this matter, please call:

JULIO MORALES

786 457 6391
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" 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**

INVERCREDI INTERNATIONAL ADVISORS 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 04/03/2018 and assigned
Florida document number L18000084712.

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)

MARTIN PROSPERI

2627 S BAYSHORE DR APT 1502

MIAMI FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2627 S BAYSHORE DR APT 1502

MIAMI FL 33133

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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:

MARTIN PROSPERI

New Registered Office Address:

2627 S BAYSHORE DR APT 1502

Enter Florida street address

MIAMI

City

Florida 33133

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	MARTIN PROSPERI REVOCABLE TRUST	2627 S BAYSHORE DR APT 15	<input type="checkbox"/> Add
		MIAMI FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTIN PROSPERI	2627 S BAYSHORE DR APT 15	<input checked="" type="checkbox"/> Add
		MIAMI FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

18 MAY -9 PM 12:01

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DIVISION OF CORPORATIONS

(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.

Dated MAY 02, 2018

MARTIN PROSPERI

Filing Fee: \$25.00