# L18000157822

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Priorie #)              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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**EXAMINER** 

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

1.5

e-mail: info@incserv.com

# **incserv**

#### ORDER FORM

TO Florida Department of State

Division of Corporations, Clifton

Building

2661 Executive Center Circle

Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE, 9/6/2018

PRIORITY Routine OUR REF # (Order ID#) 681895

**ORDER ENTITY** 

INVISIBLE TO THE EYE, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached amendment

## INVISIBLE TO THE EYE, LLC (FL)

#### NOTES:

\$25.00 Authorized

Email address for annual report reminders: markhobson@hobsonfirm.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956.

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Invisible To The Eye, LLC   |  |                              |
|---|--|------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.<br>Liability Company) | )                            |
| The Articles of Organization for this Limited Liability Company Florida document number L18000157822                    | were filed on 06/28/2018                                   | and assigned                 |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |                              |
| 141 NE 24, LLC  |  | <b>⊋</b> 3                   |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC"  141 NE 24th Street    | or the abbreviation "E.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                 | Miami, FL 33137  |                              |
|   |  |                              |
|   |  | ಫ                            |
| Enter new mailing address, if applicable:   | 141 NE 24th Street   | ა დ <u></u>                  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Miami, FL 33137  |                              |
|   |  |                              |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |  | enter the name of the        |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  |  |                              |
|   | Enter Florida street address                               |                              |
|   | , Flor   |                              |
|   | 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>                  | Address                   | Type of Action |
|--------------|------------------------------|---------------------------|----------------|
| MGR          | Margarita Rose Velez Ramirez | 4800 NW 102nd Avenue #203 |                |
|              |                              | Miami, FL 33178           | ■ Remove       |
|              |                              |                           | Change         |
| MGR          | Javier Fajardo               | 141 NE 24th Street        |                |
|              |                              | Miami, FL 33137           | □ Remove       |
|              |                              | <del> </del>              | Change         |
|              |                              | <del></del>               |                |
|              |                              | <del></del>               | □ Remove       |
|              |                              |                           | ☐ Change       |
|              |                              |                           | ☐ Change       |
|              |                              | <del>-</del>              | Remove         |
|              |                              |                           | Change         |
|              |                              |                           | □ Add          |
|              |                              |                           | ☐ Remove       |
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|  |                         |                         |                           |                             |                   |
| fective date, if other tha                                 | ın the date of filin    | og:                     | <u> </u>                  | (optional)                  |                   |
| n effective date is listed, the da                         | ate must be specific an | d cannot be prior to di | ate of filing or more tha | n 90 days after filing.) Pu | rsuant to 605.020 |
| te: If the date inserted in the cument's effective date on |                         |                         | statutory ming requ       | irements, this date wil     | i not be fisted a |
|  | ·                       |                         |                           |                             |                   |
| record specifies a de                                      | laved effective         | date, but not ar        | n effective time.         | at 12:01 a.m. on            | the earlier       |
| The 90th day after the                                     |                         |                         | •                         |                             |                   |
|  | Λ                       |                         |                           |                             |                   |
|  | 11 11                   | 2018                    |                           |                             |                   |
| August 24  |                         |                         |                           |                             |                   |
| ted August 24  | 1                       |                         |                           |                             |                   |
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Filing Fee: \$25.00