

L18000157822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

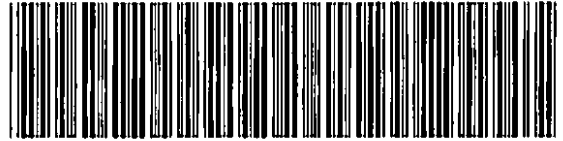
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800317933448

2018 SEP - 5 AM 10:50

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

RECEIVED
18 SEP - 6 AM 9:45

T. CLINE

SEP - 7 2018

EXAMINER

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



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:

INVISIBLE TO THE EYE, LLC (FL)

File the attached amendment

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.

REC'D SEC... AM 10:50

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Invisible To The Eye, 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 06/28/2018 and assigned Florida document number L18000157822.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

141 NE 24, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

141 NE 24th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33137

Enter new mailing address, if applicable:

141 NE 24th Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33137

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 | Margarita Rose Velez Ramirez | 4800 NW 102nd Avenue #203 | <input type="checkbox"/> Add |
| | | Miami, FL 33178 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Javier Fajardo | 141 NE 24th Street | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33137 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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