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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

19 SEP 12 AM 11:43

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SEP 21 2019

T. SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

INVELAND LLC

SUBJECT: _____
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:

OSCAR MEJIA

Name of Person

Firm/Company

4093 STAGHORN LN

Address

Weston FL 33331

City/State and Zip Code

oscar@vivienmiami.com

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

For further information concerning this matter, please call:

Oscar Mejia

954

990 9762

Name of Person at (_____) _____
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

**TO
ARTICLES OF ORGANIZATION
OF**

INVELAND 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 08/28/2018 and assigned
Florida document number L18000204675.

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)

1111 SW 1ST AVE APT 3023

MIAMI FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4093 STAGHORN LN

Weston FL 33331

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19 SEP 12 AM 11:48
CLERK OF CIRCUIT COURT
IN AND FOR
DADE COUNTY
FLORIDA

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LOPEZ, GLORIA E		<input type="checkbox"/> Add
		CALLE 3 #43B-48, INTERIOR 608 MEDELLIN COLAN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEREZ, VERONICA		<input type="checkbox"/> Add
		CALLE 3 #43B-48, INTERIOR 608 MEDELLIN COLAN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ESCOBAR, SEBASTIAN		<input type="checkbox"/> Add
		CALLE 3 #43B-48, INTERIOR 608 MEDELLIN COLAN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ESCOBAR, SEBASTIAN		<input type="checkbox"/> Add
		CALLE 3 #43B-48, INTERIOR 608 MEDELLIN COLAN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACOSLA LLC	4093 STAGHORN LN, Weston FL 33331	<input checked="" 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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SEP 02 AM 1:43
CLERK OF DISTRICT COURT
MIDDLE FLORIDA

FILED
19 SEP 12 AM 11:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. 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)(f)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 9 2019



Signature of a member or authorized representative of a member

OSCAR MEJIA

Typed or printed name of signer