

# L18000263296

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

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

From: Account Name : RC TAX SERVICE LLC  
Account Number : I20140000083  
Phone : (407)932-0040  
Fax Number : (407)520-5473

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

Email Address: \_\_\_\_\_

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2018 NOV 16 AM 9:35

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN I PROVENCA INTERNATIONAL LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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EXAMINER

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I PROVENCA INTERNATIONAL 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:

DARWING HIDALGO

Name of Person

I PROVENCA INTERNATIONAL LLC

Firm/Company

2250 NW 114TH AVE UNIT 1Q

Address

MIAMI, FL 33192

City/State and Zip Code

darwinghidalgo@hotmail.com

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

For further information concerning this matter, please call:

DARWING HIDALGO

Name of Person

at 786 2804611

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

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

IPROVENCA INTERNATIONAL 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 11/09/2018 and assigned  
Florida document number L18000263296

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>                   |
|--------------|---------------------|--|---|
| MGRM         | PAOLA C. SANCHEZ R. | 2250 NW 114TH AVE UNIT 1Q<br>MIAMI, FL 33192 | <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         |
|              |                     |  | <input type="checkbox"/> Add            |
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ALL INFORMATION CONTAINED  
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ASSIST. FLORIDA

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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 11-16-2018, 11

DARWIN HIDALGO  
Signature of a member or authorized representative of a member

IPROVENCA INTERNATIONAL LLC