

5/21/2019

2019-05-21 08:05:43 (GMT)

(((H190001650013)))

Division of Corporations

1805518805 From: Eli Panell

L190001650013

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001650013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PANELL LAW GROUP, LLC

Account Number : I20130000088

Phone : (305)513-8606

Fax Number : (305)513-8605

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVEST TORREFACTION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

D SCOTT
MAY 22 2019

Electronic Filing Menu

Corporate Filing Menu

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(((H19000165001 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVESTTORREFACTIONLLC

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

ELIPANELLE.SQ.,CPA,CFP,LL.M

Name of Person

PANELLELAWGROUPLLC

Firm/Company

8750NW36STREET,SUITE425

Address

DORAL,FL33178

City/State and Zip Code

ELI@WPOLAW.COM

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

For further information concerning this matter, please call:

ELIPANELLE.SQ.,CPA,CFP,LL.M

at (_____) _____
Name of Person 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

(((H19000165001 3)))

(((H19000165001 3)))

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

INVESTORRELATION 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 02/21/2019 and assigned
Florida document number L19000050956.

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: VERMUTH PANELL & ORTIZ, PLLC

New Registered Office Address: 8750 NW 36TH STREET, SUITE 425

Enter Florida street address

DORAL, Florida 33178

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

(((H19000165001 3)))

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

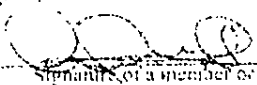
D. If amending any other information, enter change(s) here: *((H19000165001 3)))* (Attach additional sheets, if necessary.)

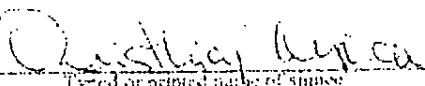
E. Effective date, if other than the date of filing: _____ (optional).

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 005.0207 (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.

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

Dated: _____


Signature of a member or authorized representative of a member

 (Cristhian Mujica)
Typed or printed name of signer