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State of New York
TALITHA S. J. J. J.

OCT 15 2019

TECHNOLOGY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inverentas USA 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:

Hubert McIntosh
Name of Person

Re-Mmap, Inc
Firm/Company

1601 Belvedere Rd - Ste E-104
Address

West Palm Bch, FL 33406
City/State and Zip Code

info@re-mmap info@re-mmap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Golding at (561) 623-0241
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INVENTAS USA 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 8.12.19 and assigned
Florida document number L19000219631.

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)

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STATE OF FLORIDA
TALLAHASSEE

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

Title	Name	Address	Type of Action
MGR	Mariano R. Djeda	1056 Taramundi Dr	<input type="checkbox"/> Add
		Oriedo FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Mariano R. Djeda	1056 Taramundi Dr	<input checked="" type="checkbox"/> Add
		Oriedo FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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JANUARY 1, 2016
TAMPA, FLORIDA

19 OCT 15 AM 11:17
SPECIAL
CALIFORNIA

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STATION
FBI - LOS ANGELES

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.

Dated _____, _____.

Byron
Signature

Signature of a member or authorized representative of a member

Barbara Golding

Typed or printed name of signee