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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Inviktus Modeling Agency U.C. 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:		
Alfonso Becerra. Name of Person		
Inviktus Hodeling Agency Lle.		
7936 Fairway CIVd.		
Hiramar 71 33023		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Alfonso Becerra at (954) 260 - 8448 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:	Articles of Amendment and fee(s) are submitted for filing. Alfonso Becerror Name of Person Inviktus Hodeling Agency We. Firm/Company 4936 Four way Plyd. Address City/State and Zip Code Address: (to be used for future annual report notification) formation concerning this matter, please call: 11 210 - 8448 Name of Person Name of Person	
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)		
Mailing Address: Street Address:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 63-12-Florida document number 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 "LLC." 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

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.

City

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>	Name	<u>Address</u>	Type of Action
<u>160</u>	Edra Talavera	1100 Brickell Bay Dr Miami # 33231	□Add
			Remove
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cument's effective	date on the Departme	ent of State's records.			
	elayed effective date,	but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
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	Signatur	are of a member or authors of the Company of the Co	G	a member	

Filing Fee: \$25.00