

L20000146259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

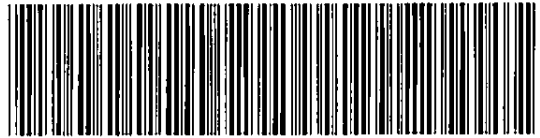
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: IGYENE SOLUTIONS 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:

GABRIELA DI MAURO, ESQ

Name of Person

DI MAURO LAW, PLLC

Firm/Company

175 SW 7th Street, Suite 1107

Address

Miami, FL 33130

City/State and Zip Code

troversi@rm-pkg.com

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

For further information concerning this matter, please call:

GABRIELA DI MAURO

Name of Person

at ( 305 ) 684-1515

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 Address:**

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

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STATE OF FL

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

IGYENE SOLUTIONS, 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 05/29/2020 and assigned  
Florida document number L20000146259.

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)

10892 NW 58 Terrace

Miami, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10892 NW 58 Terrace

Miami, FL 33178

**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:

LUIS G. ROVERSI

New Registered Office Address:

10892 NW 58 Terrace

*Enter Florida street address*

Miami

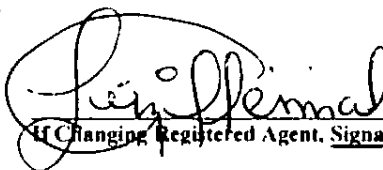
*City*

Florida 33178

*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>
AMBR	JON A. BERTO	175 SW 7th Street, Suite 1522	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**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.

Typed or printed name of signee

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The 90th day after the  
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TALLAHASSEE, FL

**Filing Fee: \$25.00**