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(Red	questor's Name)	
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• COVER LETTER

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SOBJECT:	·	Name of Lim	ited Liability Company		• ~
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		STEPHANNY G URUETZ	4		
			Name of Person		-
		INVERLARDOT LLC			
			Firm/Company		- 29
		19370 COLLINS AVE 10	1.4		2022 AUS - 1 - AM II : 39 2022 AUS - 1 - AM II : 39
		<u></u>	Address		- 100 S
		SUNNY ISLES BEACH, I	FL 33160		; ; ;
			City/State and Zip Code	<u> </u>	
		USTUEMPRESA@GMAH			ुं अ
			to be used for future annual report i	noutication)	
For further ii	iformation c	oncerning this matter, please c	all:		
STEPHANN	RY G URUE	TA	786 340-0372		
	Name o	f Person	Area Code Day	ctime Telephone Numbe	r
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	iling Addres gistration S		<u>Street Address</u> Registration		
		orporations	Division of C	Corporations	
). Box 632 Hahassee, I			of Tallahassee nroe Street, Suite (810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 06/10/2022 and assi Florida document number 1.22000266982 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LL 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 agent and/or the new registered office address here: Name of New Registered Agent: NA Enter Florida street address NA Florida NA Florida NA Florida NA Florida NA Florida NA Florida NA Florida	INVERLARDOT LLC					
Florida document number 1.22000266982 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: NA Enter Florida street address NA Florida NA Florida NA	(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)		
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NA Enter Florida street address NA Florida NA	Name of New Registered Agent:	NA				
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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>	Name	Address	Type of Action
MGR	STEPHANNY G URUETA	19370 COLLINS AVE. APT 1014	🗆 Add
		SUNNY ISLES BEACH, FL 33160	■Remove
			□Change
AMBR	LUIS ILARDO	19370 COLLINS AVE, APT 1014	= Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			&Change
NA	NA	NA :	SChange
		73 73 74 74 73	1
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tive date, if other than the	date of filing:	oon: than 90 days ofter tiling.) Pursuant to 605.0
If the date inserted in this b	ock does not meet the applicable statutory filit	ng requirements, this date will not be listed
nent's effective date on the D	epartment of State's records.	
cord specifies a delayed 90th day after the rec	d effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earner
JUNE 30TH	2022	
JUNE 30TH	·	
	Stephanny Urusta Signature of a number or authorized representative	
	Capitaling State	e of a member

Typed or printed name of signee