

L22000431836

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : 120020000100
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INGENIUM DEVELOPER GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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2023 JUL 26 PM 4:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

850-617-6381 7/20/2023 4:05:44 PM PAGE 1/001 Fax Server



July 20, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INGENIUM DEVELOPER GROUP LLC
5220 S UNIVERSITY DR
STE 102
DAVIE, FL 33328

SUBJECT: INGENIUM DEVELOPER GROUP LLC
REF: L22000431836

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the person being removed is not legible. Please write legibly to ensure the correct person is being removed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H23000253575
Letter Number: 923A00016248

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: INGENIUM DEVELOPER GROUP 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:

JESUS BLANCO

Name of Person

INGENIUM DEVELOPER GROUP LLC

Firm/Company

5220 S UNIVERSITY DR STE 102

Address

DAVIE FL 33328

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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)**MailingAddress:**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**StreetAddress:**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

INGENIUM DEVELOPER GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2023 JUL 26 PM 7:41
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/06/2022 and assigned
Florida document number L22000431836.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INGENIUM RENTAL GROUP LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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>
MGRM	IRANCO DE RIVERA, PABLO CESAR	5220 S UNIVERSITY DR STE 102	<input type="checkbox"/> Add
		DAVIE, FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
DADE COUNTY FLORIDA

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

N/A

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FBI - ALBUQUERQUE

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 605.0207 (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: (h) The 90th day after the record is filed.

Dated JULY 26 2023

jeus blanco

Signature of a member or authorized representative of a member

JESUS BLANCO

Typed or printed name of signee

Filing Fee: \$25.00