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COVER LETTER

TO: Registration So Division of Cor		•		
INVERSIO	ON TOTAL LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ADRIANA MENDEZ			
		Name of Person		
	TAX SOLUTIONS & BO	OKKEEPING LLC		
Firm/Company				
7751 KINGSPOINTE PKWY SUITE 119				2023 SEP 8 AM 10: 5
		Address		
	ORLANDO, FL 32819		in:	ΥΑ 8 8
	·	City/State and Zip Code		
	taxes.solutions100@gmail.		;	G 5
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)	H 화
Adriana Mendez		407 930 0829		
Name o	f Person	Area Code Daytim	e Telephone Number	_
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &
Mailing Address		Street Address:	otion	
Registration Section Division of Corporations		Registration Se Division of Cor		
P.O. Box 6327		The Centre of T	allahassee	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810 –	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSION TOTAL LLC			
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our r ted Liability Company)	ecords.)
The Articles of Organization for this Limited I	Liability Comp.	any were filed on $\frac{05/04/2023}{}$	and assigned
Florida document number L23000221513	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited l	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	20202000
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	7	
			2023 SEC Tr
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	TRE ISE
			<u> </u>
			——————————————————————————————————————
			[7, C] The E
B. If amending the registered agent and/or	martistared offi	ion address on our rogards, a	ntor the number of the new register
is. If amending the registered agent and/or agent and/or the new registered office addre	•,-	ice address on our records, e	rn o
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street c	uddress
			, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SIXTO I BRIONES MIRANDA	1774 DELIGHTFUL DRIVE DAVENPORT, FL 338	897 ≡ Add
			□Remove
			□Change
	SOCIEDAD DE INVERSIONES E INMOBILIARIA LA SIRENA L'IDA	1774 DELIGHTFUL DRIVE DAVENPORT, FL 338	897
			□Remove
			□Change
AMBR SOCIEDAD DE INVERSIONES E ISMOBILITARIA LA	SOCIE DAD DE INVERSIONES E INMOBIE (LARIA LA		🗀 Add
		1774 DELIGHTFUL DRIVE DAVENPORT, FLATONIA	သ က
	A A A A A A A A A A A A A A A A A A A	Change,	
			© © Remove
			□Change
			🗆 Add
		□Remove	
		□Change	
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. Effective date, if other than the date of filing: 08/01/2023 (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: (b) The 90th day after the record is filed. Dated Septiembre 3 Signature of a member or authorized representative of a member SIXTO I BRIONES MIRANDA

Filing Fee: \$25.00

Typed or printed name of signee