

8/28/23, 1:01 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MARCELL FELIPE, P.A.
Account Number : I20110000064
Phone : (305)381-8500
Fax Number : (305)675-2854

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: frontdesk@marcellfelipe.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVALBI LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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AUG 29 2023
T. LEMIEUX

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H23000298414 3)))

1. KNVALBI 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 08/02/2023 and assigned Florida document number L23000364423.

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:

6423 Collins Avenue

(Principal office address MUST BE A STREET ADDRESS)

Apt. 1003

Miami Beach, FL 33141

Enter new mailing address, if applicable:

6423 Collins Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Apt. 1003

Miami Beach, FL 33141

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

_____, 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

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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>
MGR	ELSACA HIRMIAS, ENRIQUE	6423 Collins Avenue	<input type="checkbox"/> Add
		Apt. 1003	<input type="checkbox"/> Remove
		Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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