Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

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

| Account Name | LAXMY'S CARRIER SERVICES | Account Number | 120040000007 | Phone | (305)640-0281 | Fax Number | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (305)489-2902 | (30

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INANNA INVESTMENTS LLC

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Help

US AT

2021 APR 27

From: LAXMY CHACON

COVER LETTER

TO: Registration Se Division of Cor		·			
INANNA II	NVESTMENTS LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	ALEXANDER MARQUE	2			
		Name of Person		(2 2	
	INANNA INVESTMENTS	SILC		021 A	***
Firm/Company					47 to
	2200 NW 16TH ST			2021 APR 27 PM 4: 46 SECRETALLY OF STATE TALL ARY SSEEL FL	
		Address		5 0 P.K	-
	POMPANO BEACH FL 3	3069		ESEA FIRST	
		City/State and Zip Code		מן מי	
	GAIL.LAXMYSCARRIER	-			
	E-mail address: (to be used for future annual report notifies	ation)		
For further information of	concerning this matter, please c	all:			
LAXMY CHACON		305 640-0281			
Name o	of Person	at () Aren Code Daytime T	elephone Number		
Enclosed is a check for t	he following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
<u>Mailing Addre</u> Registration		Street Address: Registration Secti	on		

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

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INANNA INVESTMENTS LLC						
(Name of the Limite)	d Liability Compa A Florida Limited I	ny as it now appears of Jiability Company)	1 our records.)			
The Articles of Organization for this Limited Lia Florida document number 1490019	ibility Company 3488	were filed on 04/27/	2021	ar	nd assign	ied
This amendment is submitted to amend the following	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the desig	nation "LLC" or the	e abbreviati	on "L.L.C	• 10
Enter new principal offices address, if applica	ble:	14651 Biscayne Bo	ulevard	100 110 110 100	202	
(Principal office address MUST BE A STREET		NORTH MIAMI B	EACH FL 33181		P.P.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	gistered office :	14651 Biscayne Bo NORTH MIAMI B	EACH FL 33181	ame of th	27 PH 4: 46	cgistered
New Registered Office Address:	14651 Biscayne	e Boulevard				
	Enier Florida street address					
	NOTH MIAMI			a <u>33181</u>		
New Registered Agent's Signature, if changing R	egistered Agent:	City		Zip	Code	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has	er and complete tered agent as p egistered office	performance of my provided for in Cha	duties, and La opter 605, F.S. (m [°] familie Or, if this	ir with a docume	and

To: 18506176383

Page: 5 of 6

2021-04-27 20:02:52 GMT

13054892902

From: LAXMY CHACON

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
AMBR	ALEXANDER MARQUES	14651 Biscayne Boulevard	
		NORTH MIAMI BEACH FL 33181	ПRетюve
			□Add
			SECOND DE PROVE
			27 day 1 Limove SEE, FL
			☐ Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			DAdd
			□Remove

Page 6 of 6

_	nding any other information, enter change(s) here: (Attach additional sheets, if necess			
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		(m) (m)	PH =	
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-				_
E. Effecti	ve date, if other than the date of filing: (option	al)		
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	ling.) Pursi late will r	uant to 60 not be lis	5.0207 (3 ted as the
	·			
f the record ecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th	n day aft	es the
Dated	APRIL 27TH 2021			
	Signature of a member or authorized representative of a member			
	ALEXANDER MARQUES			
	Typed or printed name of signee			