

LD4 000009908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000213105860

12/16/11--01028--015 **60.00

2011 DEC 16 PM 1: 85
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

DEC 16 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2011

INBLOOM GROUP, LLC
2500 NW 79 AVE, SUITE 215
MIAMI, FL 33122

SUBJECT: INBLOOM GROUP, LLC
Ref. Number: L04000009908

We have received your document for INBLOOM GROUP, LLC and check(s) totaling \$52.50. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 111A0002753

2011 DEC 16 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: INBLOOM 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:

HORTENSIA ULLIVARRI

Name of Person

INBLOOM GROUP LLC

Firm/Company

2500 NW 79 AVENUE, STE 215

Address

DORAL, FL 33122

City/State and Zip Code

HORTENSIA@INBLOOMGROUP.COM

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

For further information concerning this matter, please call:

HORTENSIA ULLIVARRI

Name of Person

at (305)

436-0030

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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 16 PM 1:35

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INBLOOM GROUP 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 02/05/2004 and assigned
Florida document number L04000009908.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2500 NW 79 AVENUE, STE 215

DORAL, FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 527626

MIAMI, FL 33152

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:

2500 NW 79 AVENUE, STE 215

Enter Florida street address

DORAL

City

Florida

33122

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JORGE LIVERMORE	PO BOX 526347 MIAMI, FL 33152	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALINA A ALZUGARAY		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PABLO EGAS		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FERNANDO PALLARES TO MGRM

Dated DECEMBER 6, 2011

Signature of a member or authorized representative of a member

HORTENSIA ULLIVARRI

Typed or printed name of signee

2011 DEC 16 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED