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SECRETARY OF STATE
FALLAHASSEE, FLORI

C. LEWIS

JUN 1 8 2012

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		· ·	as
SUBJ	ECT:	INBLOC	M GROUP LLC	
		Name of Lim	ited Liability Company	
The er	nclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	to the following:	
		HORTENSIA ULLIVARRI		
			Name of Person	
	INBLOOM GROUP LLC			
			Firm/Company	
		2500	NW 79 AVENUE, STE 215	
			Address	
			DODAL EL 22422	
			DORAL, FL 33122 City/State and Zip Code	
		HORTEN	SIA@INBLOOMGROUP.COM	
		E-mail address:	to be used for future annual report notification)	
For fu	rther information	concerning this matter, please	eall:	
	HORTE	ENSIA ULLIVARRI	at (305) 436-0	0030
		of Person	Area Code & Daytime Teleph	
Enclos	sed is a check for	the following amount:		
✓ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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12 JUN 15 PM 2: 49

INBLOOM G	ROUP LLC	PAHA HAT	RY OF STATE
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)	ONDA
The Articles of Organization for this Limited Liability Company Florida document numberL0400009908	were filed on	02/05/2004	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lial	pility company here	2:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compar	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ur records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street add	hress
		, Florida	
New Registered Agent's Signature, if changing Registered Agent	City <u>:</u>		Zip Code

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALINA A ALZUGARAY	PO BOX 52-7626 MIAMI, EL 33152	✓ Add Remove
			Add Remove
			Add Remove
			Damova
			☐ Add ☐ Remove
			AddRemove
D. If am	nending any other information, ent	er change(s) here: (Attach additional sheets, ij	(necessary.)
	CHANGE JORGE LIVERMO	RE FROM MGRM TO MBR	
	CHANGE FERNANDO PALL	ARES FROM MGRM TO MBR	
			五岩
			TALL SELECTION TO
			SS 5 L
Dated	June 11	, 2012. N	PM 2: 49 OF STATE
	Signature of	a ment or authorized representative of a member	Г
		HORTENSIA ULLIVARRI Typed or printed name of signee	

Page 2 of 2

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