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DIVISION OF CORPORATIONS
13 MAY 29 AM 10:34

MAY 30 2013
T. HAMPTON

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 Ave, 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

InBloom Group LLC

The Articles of Organization for this Limited Liability Company were filed on 2/5/2004 and assigned to the jurisdiction of Delaware.

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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	Pablo Egas	PO BOX 527626	<input checked="" type="checkbox"/> Add
		DORAL, FL 33152	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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Remove

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

Dated December 1, 2012



Signature of a member or authorized representative of a member

Hortensia Ullivarri

Typed or printed name of signee

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Filing Fee: \$25.00

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