L07000060329

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SECRETARY OF STATE
DIVISION OF COEPORATIONS

COVER LETTER

	cion Section of Corporations				
SUBJECT: INOB'S CONTRACTORS LLC.					
30b35C1	Name of Limited Liability Company				
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.				
Please return all co	rrespondence concerning this matter to the following:				
	FOUARIO MENDEZ MORA Name of Person				
Name of Person					
INOBIS CONTRACTORS LLC.					
Firm/Company					
2324 LIELAGUS DIR.					
Address					
ORLANDO, FC. 32835					
City/State and Zip Code					
City/State and Zip Code / Mobs Contescrous & gmail . Rom E-mail address: (to be used for future annual report notification)					
For further informa	tion concerning this matter, please call:				
EDVAR	ame of Person at (321) 199-3262 Area Code & Daytime Telephone Number				
N	ame of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:					
\$25.00 Filing Fo	Certificate of Status Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

INOB'S CONTRACTORS	Uc.		17 PM 1.40
(Name of the Limited Liability Com (A Florida Limited	pany as it now appea d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>L0700060329</u> .	ny were filed on	04/07/2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia		<u>re</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		> N/A -	
Trincipui Office mairess 12001 DD 11 D1113D 1 11DD 1113D			
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or registered or registered of the new registered office address he		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		N/A	
New Registered Office Address:		V/A ster Florida street add	Iress
	N/A	, Florida	N/A
	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 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 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 Title Name Address Type of Action ___ Add Remove ☐ Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CHANGE THE LAST NAME OF REGISTERS AGENT AND MANAGERS
AS FOLLOW: 1. - MENDEZ, EDUARDO MUST CHANGE TO MENDEZ MORA, EDUARDO.

1. - GIORDANO, GERARDINA MUST CHANGE TO GIORDANO DE MENDEZ, GERARDINA. Dated JAN, 14, 2012 EDUAÇÃO MENDEZ MORA GERARDINAGIOR DANO DE MENDEZ Typed or printed name of signee

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Filing Fee: \$25.00