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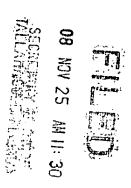
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(2)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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S. HAWKES

NOV 2 6 2008

EXAMINER

COVER LETTER

Division of Corpo	orations						
SUBJECT: INERTIA CAPITAL, LLC							
	(Name of Lim	ited Liability Company)					
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.					
Please return all correspond	dence concerning this matter	to the following:					
	Ernesto Arguello						
		(Name of Person)					
	INERTIA CAPITAL, LLC	,					
i		(Firm/Company)	•				
	4770 Oalling Ave. #0407						
	4779 Collins Ave, #2107	(Address)					
		(Address)					
	Miami Beach, FL 33140						
	WHATH BOOKING TE GOT TO	(City/State and Zip Code)					
		. ,					
For further information con	ncerning this matter, please of	all·					
Tot further intermitation con	loorning this matter, picase of						
Ernesto Arguello		at (305.) 496-0827					
(Name of	Person)	(Area Code & Daytime T	elephone 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

TO:

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

INERTIA CAPITAL, LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appe ted Liability Company	ears on our rec	ords.)	
(iou ziaomiy company	,		
The Articles of Organization for this Limited Liability Comp	oany were filed on 8	/28/2007	ar	nd assigned
Florida document number <u>L.07000088508</u> .	1	i		•
This amendment is submitted to amend the following:	•			o :
A If a monding name autouthousers name of the limited	liabilite aammane b			o III
A. If amending name, enter the new name of the limited	nability company n	<u>ere</u> :		E
	T		400	2
The new name must be distinguishable and end with the words ". "L.L.C."	Limited Liability Com	pany," the desi	ignation "ILLC" o	A
77.4		•		
Enter new principal offices address, if applicable:		·	हिन <u>किया</u> सार्के सुन	30
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			<u> </u>
Enter new mailing address, if applicable:		,		
(Mailing address MAY BE A POST OFFICE BOX)		•		
	-			
B. If amending the registered agent and/or registered		our records	s, <u>enter the na</u>	me of the nev
registered agent and/or the new registered office address	<u>here</u> :			
				,
Name of New Registered Agent:				
New Registered Office Address:				•
	(Enter Florida	street address)	
		. IF 1	lorida	
<u> </u>	(City)			n 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>	Address	Type of Action
MGRM_	CAMILO BARCENAS	4779 Collins Ave, #2107	Add
		Miami Beach, FL 33140	Remove
			Remove
		_	
			Remove
<u></u>			Add
			Remove
			Add
			Remove
			Add
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if ne	ecessary.)
			<u>.</u>
Dated Nover	mber 5 , ;	2008	
	Signature of a n	nember or authorized representative of a member	
		Typed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00