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SECRETARY OF STALLAHASSEC FLUXULY

S. HAWKES
JUN 1 7 2009
EXAMINER

COVER LETTER

	stration Section ion of Corporations
SUBJECT:	INERTIA CAPITAL, LLC
Sobster.	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:
	Ernesto Arguello
	Name of Person
	INERTIA CAPITAL, LLC
	Firm/Company
	4779 Collins Ave, #2107
	Address
	Miami Beach, FL 33140
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Name of Person at () Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
\$25.00 Fil	Ing Fee \$\bigcup \\$30.00 \text{ Filing Fee & }\bigcup \\$55.00 \text{ Filing Fee & }\bigcup \\$60.00 \text{ Filing Fee, }\bigcup \\$60.00 \text{ Filing Fee, }\bigcup \\$Certificate of Status & \bigcup \\$certified Copy & Certified Copy \\ (additional copy is enclosed) \\ (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

	ERTIA CAPITAL, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears of lorida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liab	bility Company were filed on	8/28/2007	and assigned
Florida document numberL07000885			
This amendment is submitted to amend the follow A. If amending name, enter the new name of the			SECOND SOL
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	· Florida street ac	ldress
		, Florida _	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Francisco Xavier Arguello	4779 Collins Ave, #2107 Miami Beach, FL 33140	✓ Add Remove
<u>MGRM</u>	Juan Carlos Arguello	4779 Collins Ave, #2107 Miami Beach, FL 33140	✓ Add ☐ Remove
MGRM	Silvia Arguello	4779 Collins Ave, #2107 Miami Beach, FL 33140	Add Remove
MGRM	Olga Arguello	4779 Collins Ave, #2107 Miami Beach, FL 33140	✓ Add ☐ Remove
			ი,< თ ა
			Add Remove 26
D. If amend	ding any other information, enter char	ge(s) here: (Attach additional sheets, if necessary.)	<u> </u>
_			
Dated	78/09	· -/	_
	Signature of a member Franksto Are	per or authorized representative of a member	
	Type	ed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00