

LD7000117152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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CS. 10-7

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PONOMICS INT'L, 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:

Pablo Carrillo
(Name of Person)

Ponomics Int'l, LLC
(Firm/Company)

1925 Brickell Av. Apt D803
(Address)

Miami, FL 33129
(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Carrillo at (305) 282-2604
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2008 OCT -6 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PONOMICS INT'L, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 11/21/2007 and assigned
document number L07000117152.

SECOND: This amendment is submitted to amend the following:

The Principal Address and the Mailing Address shall be as follows:

1925 Brickell Av.

APT D803

Miami FL 33129 US


The Title MGRM Address shall be as follows:

1925 Brickell Av.

APT D803

Miami FL 33129 US

Dated October 2nd, 2008



Signature of a member or authorized representative of a member

Pablo E. Carrillo

Typed or printed name of signee

Filing Fee: \$25.00