## L08000109045

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C. LEWIS

SEP 1 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT:	INTERNATIONAL FINANCIAL REPORTS,LLC					
·	Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence	ondence concerning this matter to the following:					
	ALBERTO, FEDERICO					
Name of Person						
INTERNATIONAL FINANCIAL REPORTS,LLC						
Firm/Company						
	4969 RIVERSIDE DRIVE					
Address						
	CORAL SPRINGS FL 33067					
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further information c	concerning this matter, please call					
To raidle moment	oneoming this matter, please can.					
ALBERTO, FEDERICO at (786) 269-8590  Name of Person Area Code & Daytime Telephone Number						
Name o	f Person Area Code & Daytime Telephone Number					
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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 2009 SEP 10 PM 1: 30

INTERNATIONAL FINANCIAL REPORTS, LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited 1	Liability Company were filed	d on11/25/20	008 and assigned
Florida document number L0800010	99045		
This amendment is submitted to amend the following	llowing:		
AIf amending name, enter the new name	of the limited liability com	pany here:	
INT	ERNATIONAL FINANC	CE,LLC	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liabili	ty Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered		ess on our records,	enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida str	eet address
	<del></del>	, Flor	
	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, 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** N/A N/A ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 08 Dated Signature of a member or authorized representative of a member F6D80100 ACB6240
Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00