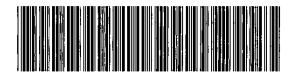
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(Requestor's Name)				
(Address)				
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M. THOMAS

JUL 3 1 2009

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	Infotecnologia LLC			
	`	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	··. ··
			Joaquin Jaime	
Name of Person				
			Infotecnologia LLC	
			Firm/Company	
		7:	7. 20	
		, <u>"</u>		
		La	TALLAHASSEE. FLOR	
			SER P	
		joac	quin.jaime@gmail.com	
			o be used for future annual report notifica	tion)
For fur	rther information o	oncerning this matter, please c	all:	Dm . O.
	Jo	aquin Jaime	at (_813) 4	06-9497
	Name o	f Person	Area Code & Daytime	elephone Number
Enclos	ed is a check for the	ne following amount:		
\$25	5.00 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 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

وللسور

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Infotecnologia LLC <u>liability Company as it now appear</u> Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Lia Florida document numberL090000417		04/29/2009	and assigned		
This amendment is submitted to amend the follow	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liability company here	<u>e</u> ;			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "LI	.C" or the abbreviation		
Enter new principal offices address, if applica	ble:	L CX	ב ה		
(Principal office address MUST BE A STREET	ADDRESS)	ASS	30 -		
Enter new mailing address, if applicable:		EE, FLORID	M IO: IS		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here:	ur records, <u>enter th</u>	e name of the new		
Name of New Registered Agent:	Joaquin Jaime				
New Registered Office Address:	7250 Derwent Glen Cir				
	Enter Florida street address				
	Land O Lakes	, Florida	34637		
Naw Degistared Agent's Signature if changing De	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

Liamending 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> Name Address **Type of Action** Joaquin Jaime MGRM 7250 Derwent Glen Cir ☐ Add Land O Lakes, FL 34637 ✓ Remove **Bridging LLC** MGRM 7250 Derwent Glen Cir Land O Lakes, FL 34637 Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ July 27 2009 Signature of a member or authorized representative of a member Joaquin Jaime Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00