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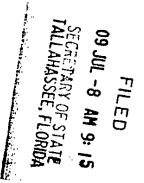
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B. KOHR

JUL 9 2009

EXAMINER



COVER LETTER

TO: Registration So Division of Con		·					
SUBJECT:	INFERVAR IN	ITERNATIONAL LLC					
Schooler.		ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:	SECTION IN				
	FRA	ANCISCO FERNANDEZ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		Name of Person	SSE				
INFERVAR INTERNATIONAL LLC							
		Firm/Company	影响				
2017 S OCEAN DR. #610							
Address							
HALLANDALE, FL 33009							
		City/State and Zip Code					
		ffernandez222@gmail.com E-mail address: (to be used for future annual report notification)					
For further information c	concerning this matter, please c	·	iony				
FRANCIS	SCO FERNANDEZ	at (')	22-7773				
Name o	of Person	Area Code & Daytime T	elephone Number				
Enclosed is a check for t	he following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFE	RVAR INTE	RNATIONAL	LLC	
(<u>Name of the Limited</u> (A	1 Liability Comp A Florida Limited	pany as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	iability Compar	ny were filed on	6/29/2009	and assigned
Florida document numberL090006				,,,,
				•
This amendment is submitted to amend the fol	lowing:		···	J. 100
A. If amending name, enter the new name of	of the limited lis	ihility company her	·	
ti amending name; enter the new name t	N	"	 '	是 6 元
The new name must be distinguishable and end w	· · ·		my," the designation "I	LC or the appreviatio
L.L.C."		, ,		Solution of the second
Enter new principal offices address, if appli	cable:	NA		000
Principal office address MUST BE A STREE	ET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
				·····
Enter new mailing address, if applicable:		NA		· · · · · · · · · · · · · · · · · · ·
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)			
B. If amending the registered agent and	or registered	office address on e	our records, enter t	he name of the ne
egistered agent and/or the new registered of			<u> </u>	
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
		Er	ter Florida street ada	lress
			, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Type of Action Title Address **Name BRISSA GONZALEZ MGRM** 2017 S OCEAN DR. #610 HALLANDALE, FL 33009 ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA JULY 6 2009 v Dated _____ Signature of a member or authorized representative of a member FRANCISCO FERNANDEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00