

L0900008/427

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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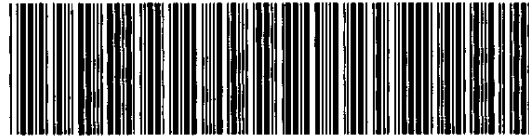
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**A. LUNT**

AUG - 5 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Inmobifex USA, 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:

Sandra De Leon

Name of Person

Inmobifex USA, LLC.

Firm/Company

PO BOX 349140

Address

Homestead, FL 33034

City/State and Zip Code

info@inmobifexusa.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sandra De Leon

Name of Person

at ( 305 )

517-3621

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Inmobifex USA, LLC.

(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 Liability Company were filed on 08/24/2009 and assigned  
Florida document number L09000081427.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

970 NE 34TH AVE #104

HOMESTEAD, FL 33033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 349140

HOMESTEAD, FL 33034

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

970 NE 34TH AVE #104

*Enter Florida street address*

HOMESTEAD

Florida

33033

*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
MGRM	SANDRA DE LEON	PO BOX 349140 HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	VICTOR M PACHECO	PO BOX 349140 HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROSARIO I ALVAREZ	PO BOX 349140 HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KATTY A PACHECO	PO BOX 349140 HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SEBASTIAN A PACHECO	PO BOX 349140 HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NATALIA A PACHECO	PO BOX 349140 HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated AUGUST 3RD, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 SANDRA DE LEON  
 \_\_\_\_\_  
 Typed or printed name of signee