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III JUN 30 PM 12: 04

J. SAULSBERRY EXAMINER

JUL 1 2011

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	INTL FO	OOD FACT LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	BAF	RTON S STROCK, ESQ.	· · · · · · · · · · · · · · · · · · ·	<u></u>		
	Name of Person					
STROCK & COHEN, P.A.						
Firm/Company				_		
	2900 GLADES CIRCLE, STE 750					
	Address					
	MECTON EL 22227			53 4	20	
WESTON FL 33327 City/State and Zip Code				- E	Ξ	and diving
bstrock@strocklaw.com				HAZ.	1 JUN 30	THE SHIP
	E-mail address: (to be used for future annual report n	otification)	STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PER		grand on
For further information	concerning this matter, please of	all:		97 ST	PM 12: 04	
BAR	TON S STROCK	at (_954_)	659-2220	TATE:	, Of	
Name	of Person	Area Code & Day	time Telephone Numbe	er		
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 enclo	sed) Certifie	ate of Star		osed)

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

	OOD FACT LLC_	<u> </u>			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	06/16/2011	and assigned		
Florida document number L11000070608	 •				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :			
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicable:			<u></u>		
(Principal office address MUST BE A STREET ADDRI	ESS)		Pio. 28		
		2	A 3		
Enter new mailing address, if applicable:			The same of the sa		
(Mailing address MAY BE A POST OFFICE BOX)			TO R		
			2:0		
		3.	· •		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, <u>enter 1</u>	the name of the new		
egistered agent and/or the new registered office addi-	uss nore.				
Name of New Registered Agent:					
New Registered Office Address:					
<u>-</u>	Enter Florida street address				
		, Florida			
	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 ame ding 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>	<u>Name</u>	Address	Type of Action
MGR	MARIA DE LOS ANGELOS	C/O STROCK &COHEN PA 2900 GLADES CIRCLE STE 750 WESTON FL 33327	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.,	SECRETARY
		SEE. FLORID.	ILED 30 PM 12:0
Dated	June 28 , 201	<u>//</u> .	+
	BARTON S STROCK,	or authorized representative of a member AUTHORIZED REPRESENTATIVE or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00