

L13000019683

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(Business Entity Name)

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2014 FEB 25 P 2:11  
TOLSON

B. BOSTICK

FEB 26 2014

EXAMINER

**COVER LETTER**

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

SUBJECT: **International health Network .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:

**Madelin Rodriguez**

Name of Person

Firm/Company

**4801 NW 7TH ST Apt 501**

Address

**Miami Florida 33126**

City/State and Zip Code

**ibo.holdings5@gmail.com**

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

For further information concerning this matter, please call:

**Madelin Rodriguez**

Name of Person

at **(305) 801-6584**

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

2014 FEB 25 P 2:11

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FEB/26/2014/WED 12:18 AM INFUMED HOMECARE INC

FAX No. 3058716271

P. 003

02/26/2014 13:28 3053850325

PUBLIX COM AREA 0069

PAGE 01

FEB/25/2014/TUE 11:52 PM INFUMED HOMECARE INC

FAX No. 3058716271

P. 004

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

International Health Network, 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 Feb-07-2013 and assigned  
Florida document number L13000019683

This amendment is submitted to amend the following:

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

Global Energy & Trade Group .LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jorge A. Calderon.

New Registered Office Address:

7461 Sw 132 Ave

Enter Florida street address

Miami

Florida 33183

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 605, 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.

Jorge A. Calderon  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Abdullah Azzouni</u>	<u>4801 NW 7TH ST Apt 501</u>	<input type="checkbox"/> Add
		<u>Miami FL 33126</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Madelin Rodriguez</u>	<u>16699 Collins Ave apt 3608</u>	<input checked="" type="checkbox"/> Add
		<u>Sunny Isle Beach Fl 33160</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Jorge A. Calderon</u>	<u>7461 SW 132 AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Fl 33183</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Lester Martinez</u>	<u>15680 SW 153 CT</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33187</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Jorge L. Montes</u>	<u>7461 SW 132 AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Fl 33183</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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FEB/26/2014/WED 12:18 AM INFUMED HOMECARE INC

02/26/2014 13:28 3053850325

FAX No. 3058716271

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FAX No. 3058716271

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

Article of the LLC.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

X *George Calderon*  
Signature of a member or authorized representative of a member  
X GEORGE A. CALDERON  
Typed or printed name of signer

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Filing Fee: \$25.00

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2014 FEB 25 P 2:11  
FEB 25 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2014

MADELIN RODRIGUEZ  
INTERNATIONAL HEALTH NETWORK, LLC  
4801 NW 2 STREET, APT. 501  
MIAMI, FL 33126

SUBJECT: INTERNATIONAL HEALTH NETWORK, LLC  
Ref. Number: L13000019683

FILED  
2014 FEB 25 P 2:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

We have received your document for INTERNATIONAL HEALTH NETWORK, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 814A00004166