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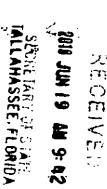
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

SUBJECT:	Internationa	1 Financial	Group LLC
	Name of Lim	ited Liability Company	1
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mack	Name of Person	
	IFG	Health Inc	· · · · · · · · · · · · · · · · · · ·
	11301 W	Olympic Blvd	#558
	Los A	ngeles, C/	90064
	IFG HEAL E-mail address: (THING O GMP to be used for future annual report noti	JIL, COM
For further information	concerning this matter, please co	all:	
Mach	i Liu	at (310) 989-	2033
Name	of Person	Area Code Daytim	e 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Talfahassee, 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

International Financia (Name of the Limited Liability Companial Co	ny avit now annears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L17000057540}$	were filed on $03/13/2017$ and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil CADMAN VENTURE LL The new name must be distinguishable and contain the words "Limited Liabil	٠,	
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 of	11301 W Olympic Blud Los Angeles, CA 900 ffice address on our records, enter the name of	#.53(64 the new
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address Florida	
New Registered Agent's Signature, if changing Registered Agent:		775 775
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docume	md

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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		-	☐ Change
			
			Remove
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		-	_
Note:	tive date, if other than the date of filing:	suant to 60 not be lis	05,0207 (3 sted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	the earl	lier of:
Dated	06/14.2018.		
	Signature of a member or authorized representative of a member		
	MACHI LIU		

Page 3 of 3

Filing Fee: \$25.00