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2009 APR 20 PH 12: 16
SECRETARY OF STATE ARIDA

Amend

TB

4-21-09

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations NAME OF CORPORATION: INFINITE GRAPHX INC DOCUMENT NUMBER: POSOOOOOS962 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HORACIO MENSIETA.

(Name of Contact Person) INTINITE GRADHX INC 4311 SW 103 TERR.
(Address) MIAMI FC 33/86 For further information concerning this matter, please call: AMILETTE HERRERA at (786) 399.3287

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$52.50 Filing Fee \$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

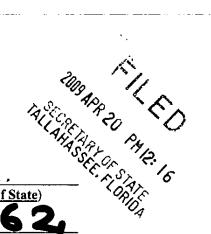
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of



INFINITE GRAPHX INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

70300008962

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corpo	ration:
N/A·	
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must co association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co.," or the designation "Corp," "Inc," or intain the word "chartered," "professional
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offic	
Name of New Registered Agent: PA	CIFIC GROUP FINANCIAL SERVICES CON
	SW 120 St. Ste. 20 6 (Florida street address)
	(City), Florida 33186 (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I	
position.	Trees with and accept the obligations of the
Signature of Page 1 o	New Registered Agent, if changing

removed and	title, name, and address of each Officer onal sheets, if necessary)		rector being
<u>Title</u>	<u>Name</u>	Address	Type of Action
PD	YAHILEHE HERREM	14311 SW 103 TERR MIAMI, FC 33186	Add Remove
P	HORACIO MENDIETA	14311 SW 103 TERM HIAHI, FL 33186	Add Remove
			Add Remove
	g or adding additional Articles, enter citional sheets, if necessary). (Be specific		
provision	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adoption: 04-14-2009
Effective date if applicable: 04.14.2009 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action as shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35