

6/29/2015

Division of Corporations

**LO2 00001963**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : SNYDER GROISMAN P.A.  
Account Number : I20120000060  
Phone : (786)899-2880  
Fax Number : (786)899-2890

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INTERNATIONAL TOUCH INVESTMENTS I, LLC**

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JUN 30 2015

**S. YOUNG**

### FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Melissa Groisman
DATE	2015-06-29 17:45:31 GMT
RE	AMENDMENT

### COVER MESSAGE

Myles Mocega  
 Snyder Groisman  
 Real Estate & Corporate Law

-----  
 Aventura Optima Plaza  
 21500 Biscayne Boulevard, Suite 401  
 Aventura, Florida 33180  
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(O) 786.899.2880 | (F) 786.899.2890  
 myles@snydergroisman.com<mailto:myles@snydergroisman.com> -----  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INTERNATIONAL TOUCH INVESTMENTS I, 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:

MYLES MOCEGA  
Name of Person  
SNYDER GROISMAN, P.A.  
Firm/Company  
21500 BISCAYNE BLVD. SUITE 401  
Address  
AVENTURA, FL 33180  
City/State and Zip Code  
MYLES@SNYDERGROISMAN.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MELISSA GROISMAN at (786) 899-2880  
Name of Person 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

INTERNATIONAL TOUCH INVESTMENTS I, 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 06/18/2002 and assigned Florida document number L02000015163

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 contain 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)

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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:

Enter Florida street address

City, Florida 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.

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	HOBERMAN, PABLO	4700 SHERIDAN ST., SUITE J	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	HOBERMAN, CARINA	4700 SHERIDAN ST., SUITE J	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HOBERMAN, PABLO	4700 SHERIDAN ST., SUITE J	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated 6/29/15, \_\_\_\_\_

*Melissa Groisman*  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Melissa Groisman, Esq. - Authorized Agent  
 \_\_\_\_\_  
 Typed or printed name of signer