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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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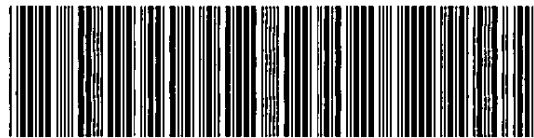
(Business Entity Name)

(Document Number)

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T. CLINE

MAY 27 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2009

JORGE CHAVEZ  
10880 NW 8TH ST.  
PEMBROKE PINES, FL 33026

SUBJECT: 1ST INTEGRAL SUPPORT TRAVELLER L.L.C.  
Ref. Number: L07000108728

We have received your document for 1ST INTEGRAL SUPPORT TRAVELLER L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 009A00013849

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1ST. INTEGRAL SUPPORT TRAVELLER L.L.C.**  
(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:

JORGE CHAVEZ  
(Name of Person)

1ST. INTEGRAL SUPPORT TRAVELLER L.L.C.  
(Firm/Company)

10880 NW 8TH. ST.  
(Address)

Pembroke Pines, FL. 33026  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Chavez at ( 954 ) 235-3091  
(Name of Person) (Area Code & Daytime Telephone Number)

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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**

1ST. INTEGRAL SUPPORT TRAVELLER L.L.C.

(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 OCTOBER 25, 2017 and assigned Florida document number L07000108728.

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 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)

10880 NW 8TH. ST.

PEMBROKE PINES, FL. 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10880 NW 8TH. ST.

PEMBROKE PINES, FL. 33026

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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:

10880 NW 8TH. ST

*(Enter Florida street address)*

PEMBROKE PINES

*(City)*

Florida 33026

*(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 amending 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mr. Jorge Chavez	10880 NW 8th St. Pembroke Pines FL 33026	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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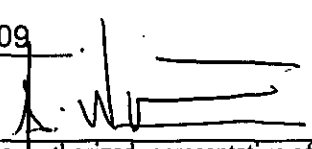
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Besides the changes indicated above the ARTICLES II, III, IV, VI, AND VIII  
have been changed as is indicated in the 3 attached sheets.

Dated April 22nd, 2009



Signature of a member or authorized representative of a member

Mr. Erick Weston Cordero

Typed or printed name of signee

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**  
10880 NW 8<sup>th</sup>. St.  
Pembroke Pines, FL. 33026

**Mailing Address:**  
10880 NW 8<sup>th</sup>. St.  
Pembroke Pines, FL. 33026

**ARTICLE III -**

The name and the Florida street address of the registered agent are:

**Name:** Jorge Chavez  
**Address:** 10880 NW 8<sup>th</sup>. St.  
Pembroke Pines, FL. 33026

Having been named as registered agent and to accept service or process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

.....

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Article IV -

The name and address of each manager member is as follows:

Title	Name and address:
MGRM	Mr. Erick Weston Cordero Javier Heraud # 194 San Miguel Lima - Peru
MGRM	Mr. Eduardo Peña Alegre Av. La Marina # 3575 San Miguel Lima - Peru
MGRM	Mr. Roberto Vega Pinedo Loma Bella # 219 Santiago de Surco Lima - Peru
MGRM	Mr. Jorge Chavez 10880 NW 8 <sup>th</sup> St. Pembroke Pines, FL. 33026 U.S.A.

ARTICLE VI -

The owners of 1<sup>st</sup> INTEGRAL SUPPORT TRAVELLER L.L.C. are:

Mr. Roberto Vega Pinedo  
Mr. Eduardo Peña Alegre  
Mr. Erick Weston Cordero  
Mr. Jorge Chavez

The percentage of participation is:

Mr. Roberto Vega Pinedo	33%
Mr. Eduardo Peña Alegre	33%
Mr. Erick Weston Cordero	33%
Mr. Jorge Chavez	1%

ARTICLE VIII -

- The General Manager represents 1<sup>st</sup>. INTEGRAL SUPPORT TRAVELLER L.L.C. in all kind of judicial processes, in which it is part, it takes part as mentioned, also will be able to execute the faculties conferred before all the instances.
- The General Manager represents 1<sup>ST</sup> INTEGRAL SUPPORT TRAVELLER L.L.C. before all the administrative instances, understood as such the organizations of public administration.
- The General Manager represents the company in the country and abroad in public and private bids whit all the faculties of its work required.
- The General Manager has the faculty to present proposals and sign agreements.

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- The General Manager represents the company before the banks, nationals or foreigners with all the faculties that can be needed.
- The general Manager is in charge of the property and the company funds.
- The General Manager collects money and expends cancellations and receipts.
- The General Manager and/or the registered agent will be authorized to open bank accounts and to sign checks.

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