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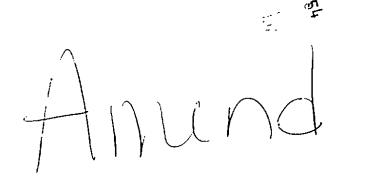
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COVER LETTER

	ision of Corp BISCAYNI	E INTERNATIONAL PARTN	ERS LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		DIEGO L. RESTREPO ES	SQ.		
			Name of Person		
		DIEGO L. RESTREPO P.	۸.		
			Firm/Company		
		2600 SOUTH DOUGLAS	ROAD, SUITE 913		
		Address			
		CORAL GABLES, FL 331	34		
		LUISA@RESTREPOLAW			
For further i	nformation co	E-mail address: () oncerning this matter, please ca	o be used for future annual report no	diffication)	
————	RESTREPO I		305 447-9430 at ()		
	Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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)	
	MAILI	ING ADDRESS:	STREET/COUR	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20/9/4/2// PM 4:54

BISCAYNE INTERNATIONAL PARTNERS 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 L	iability Company	were filed on 11/05/2014	and assigned
Florida document number L14000172647	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applie	eable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		N/A	
	_		
Enter new mailing address, if applicable:		N/A	
			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	•	
B. If amending the registered agent and registered agent and/or the new registered o			ter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-		Enter Florida street address	
		, Florida	1
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		

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>	Address	Type of Action
MGR	MIRTA ABREU	2600 SOUTH DOUGLAS ROAD, SUITE 913	
		CORAL GABLES, FL 33134	Remove
			Remove
			Change
MGR INTERNATIONAL ADVISORS SERVICE, LLC	2600 SOUTH DOUGLAS ROAD, SUITE 913	= Add	
	CORAL GABLES, FL 33134	Remove	
			A Remove
			Change
			Add
		☐ Remove	
			Change
			☐ Add
			Remove
			Change
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			□ Change

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is liked. MARCHATH 2019
Dated	Jigo My
	Signature of a member or authorized representative of a member
	DIEGO L. RESTREPO, AUTHORIZED REPRESENTATIVE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00