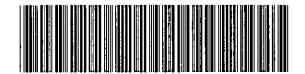


| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

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Registration Section

TO:

| Divisio | n of Corp | orations | | | | |
|-------------------|-------------|---|---|-------------------|---|--|
| SV SUBJECT: | VT INTER | NATIONAL LLC | | | | |
| 30bJECT | | Name of Lim | ited Liability Company | 41 - 42 | | |
| The enclosed Ar | nicles of A | mendment and fee(s) are sub- | mitted for filing. | | | |
| | | dence concerning this matter | - | | | |
| r jease return an | correspon | defice concerning this matter | to the tonowing. | | | |
| | | JESSENIA VEGA | | | | |
| | | | Name of Person | | | |
| | | AVALON INCORPORAT | ORS LLC | | | |
| | | | Firm/Company | | | |
| | | 201 ALHAMBRA CIRCLE SUITE 600 | | | | |
| | | Address | | | | |
| | | CORAL GABLES, FL 33134 | | | | |
| | | | City/State and Zip Code | | | |
| | | JVEGA@VIVANCOYVIVANCO.COM | | | | |
| | | E-mail address: () | to be used for future annual rep | ort notification) | | |
| For further infor | mation cor | ncerning this matter, please co | ill: | | | |
| JESSENIA VEC | GA | | 786 802-2 | 2972 | | |
| | Name of I | Person | at () Area Code | Daytime Telepho | ne Number | |
| Enclosed is a ch | eck for the | following amount: | | | | |
| ■ \$25,00 Filin | g Fee | □ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose | | \$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

| SWT INTERNATIONAL LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lii | Company as it now appears on our records.) mited Liability Company) | |
| he Articles of Organization for this Limited Liability Con- | npany were filed on 08/28/2018 | and assigned |
| lorida document number L18000205468 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | d liability company here: | |
| ne new name must be distinguishable and contain the words "Limited | 1 Liability Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| . If amending the registered agent and/or register egistered agent and/or the new registered office addres | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | izmer r tortaa street adaress | |
| | , Flori | ida |
| | City | zip Coac |

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 | ORCES HILBRON, ROBERTO | | |
| | | 201 ALHAMBRA CIRCLE 600 | ■ Remove |
| | | CORAL GABLES, FL 33134 | ☐ Change |
| MGR | AVALON UNITED LLC | 3411 SILVERSIDE ROAD TATNALL BLDG #104 | Add |
| | | WILMINGTON, DELAWARE 19810 | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |
| | | | Add |
| | | | Remove |
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| | | | Remove |
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| r: ce | |
|-----------|--|
| (If an el | ive date, if other than the date of filing: (optional) ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records. |
| | cord 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 filed. |
| Dated | 20th of November 2019 |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00