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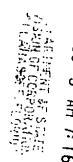
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S. YOUNG

COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	ABORIGINA	L INVESTMENTS INTERN	NATIONAL LLC		
• • • • • • • • •		Name of Limi	ted Liability Company		<u> </u>
The enclosed	Articles of Ar	nendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	ence concerning this matter t	o the following:		
		Gerson Hernandez			
			Name of Person		
		General Corporate Services	Inc.		
•			Firm/Company	<u> </u>	······································
		829 W, Palmdale Blvd #68			
			Address		
		Palmdale CA 93551			
			City/State and Zip Code	<u> </u>	
		gerson@generalcorporate.co			
			o be used for future annual re	port notification)	
For further in	iformation con	cerning this matter, please ca	H:		
Gerson Hern	andez		661 310	2823	
Name of Person		Area Code	Daytime Telepho	ne Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TO:

Registration Section

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABORIGINAL INVESTMENTS INTERNATIONAL		~
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Hability Company)	220 AU
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L20000150167		ု မိုင္ငံ္ ဟ မြ
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ny were filed on 06/02/2020 Ability Company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8015 International Dr. # 521	
(Principal office address MUST BE A STREET ADDRESS)	Orlando Fl 32819	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	#7h (h	
	, Florida , Florida	a 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>	Address	Type of Action
			□Remove
			□Change
-			□Add
•			□Remove
			☐ Change
		·	□Add
			Remove
			Change
			□Add
			□Remove
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Effective date, if other the lift an effective date is listed, the date. If the date inserted in document's effective date or	late must be speciti this block does (ic and cannot be pr not meet the app	licable statute	ing or more than ory filing require	(option: 0 days after fill: ments, this d	ing.) Pursuant to (605.0207 (isted as t
e record specifies a delayed or rd is filed.	ffective date, bu	t not an effective	e time, at 12:0)! a.m. on the ea	rlier of: (b)	The 90th day a	ft e r the
Dated August 3		2020	 '				
ina -							
11/00	Signature	of a member or au	thorized repres	entative of a men	iber		

Filing Fee: \$25.00