

170000364402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

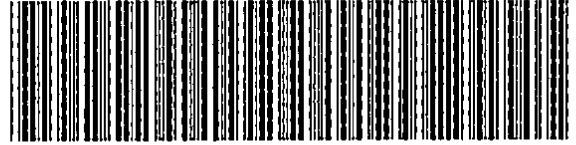
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF MISSISSIPPI
OFFICE OF THE STATE
TREASURER

Handwritten signature or initials

COVER LETTER

TO: Registration Section
Division of Corporations
305 INT GROUP LLC

SUBJECT: _____
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:

ANTONIO AMÉRICO DE MELLO NETO
Name of Person
305 INT GROUP LLC
Firm/Company
999 BRICKELL AVENUE STE 410
Address
MIAMI, FL 33131
City/State and Zip Code
305travelconciierge@gmail.com
E-mail address* (to be used for future annual report notification)

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2020 DEC 22 PM 2:03
TALLAHASSEE, FL

For further information concerning this matter, please call:
ANTONIO AMERICICO DE MELLO NETO 786 773 0087
at ()
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 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**

305 INT GROUP 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 11/17/2020 and assigned Florida document number 12000036402.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

305 INTERNATIONAL GROUP LLC

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)

999 BRICKELL AVENUE

STE 410

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

999 BRICKELL AVENUE

STE 410

MIAMI, FL 33131

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OFFICE OF STATE

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:

ANTONIO AMÉRICO DE MELLO NETO

New Registered Office Address:

14363 SW 107TH TERRACE

Enter Florida street address

MIAMI

Florida 33186

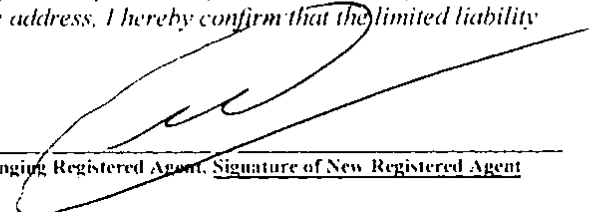
City

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>
MGR	ANTONIO AMÉRICO DE MELLO NETO	14363 SW 107TH TERRACE, MIAMI, FL 33186	<input checked="" 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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2090 DECEMBER 22 PM 2:03
STATE OF FLORIDA
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