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	istration Se ision of Cor			
SUBJECT:	C.T.U. Inte	ernational Services, L.L.C.	L 180002468	351
SUBJECT.		Name of Lim	L 180002468 ited Liability Company E I. N.	83-2301156
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Joaquin A. Sosa, J.D.		
			Name of Person	
		JAS.LAW. LLC		
			Firm/Company	
		1825 Ponce de Leon Bivd,	Suite 500	
			Address	
		Coral Gables, FL 33134		
		jasosa@bellsouth.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further in	iformation c	oncerning this matter, please co	ali:	
Joaquin A.	Sosa		954 933-6654 at ()	
	Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne 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)

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

少 25

C T I I International Services C		TALLE OF T
C.T.U. International Services, L.L.C.	(7 7
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)	9 9
The Articles of Organization for this Limited Liability Company we Florida document number L18000246851 E.I.N. 539	vere filed on 10/22/2018 -230 1156	md.assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Adding Employer Identification only 83-2301156		
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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Filing Fee: \$25.00