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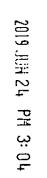
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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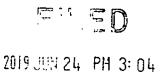
C. GOLDEN
JUL - 8 2019

COVER LETTER

TO:	Registration Sec Division of Corp			
eup ip		ERS INTERNATIONAL LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subr		
Please r	eturn all correspor	CARLOS I ORIZONDO	o the following:	
		CONTAINERS INTERNA	Name of Person TIONAL LLC	
		2625 COLLINS AVE # 16	Firm/Company	
		MIAMI BEACH, FL 3314	Address	
			City/State and Zip Code	
For furt	her information co	E-mail address: (to	o be used for future annual report not all:	itication)
CARLO	OS I ORIZONDO		305 726-6345	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COUR	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CONTAINERS INTERNATIONAL		<u> </u>
(<u>Name of the Limite</u> (d Liability Company as it now app A Florida Limited Liability Company	<u>iears on our records.)</u> ly)
The Articles of Organization for this Limited Lia Florida document number L18000173614	ability Company were filed on	07/18/2018 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company	<u>/ here</u> :
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," th	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE)	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	30X)	
B. If amending the registered agent and/or the new registered off		on our records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter i	Florida street address
		, Florida
	City	Zip Code
	the code according	

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	CARLOS I ORIZONDO	2625 COLLINS AVE # 1601	
		MIAMI BEACH, FL 33140	Remove
			Change
AMBR	MIRTA LILIANA CAPLAN	540 BRICKELL KEY DR # 1502	= Add
		MIAMI, FL 33131	Remove
			Change
			☐ Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			☐ Change

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ffecti	ive date, if other	than the date o	f filing: 03/11/2	2019		(optional)	
`an effe <u>{ote:</u>	ective date is listed,	the date must be spec d in this block doe	ific and cannot be s not meet the ap	prior to date of filir oplicable statutor	ng or more than 90	days after filing.) Purnents, this date will	suant to 605.0207 (not be listed as t
	ord specifies a 90th day afte			t not an effec	tive time, at	12:01 a.m. on t	he earlier of:
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ated	c/19	//>	·	·			
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		<u> </u>		rivanco	ntative of a memb		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00