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A. RIVERS

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Karen Vermilyea		
		Name of Person	
	CDS International Holding	gs Inc	
		Firm Company	
	109 SE 5th Ave 2nd Floor		
		Address	
	Delray Beach, FL 33483		
	harman arama (haran 6) ardah a latir	City/State and Zip Code	
	karen,vermilyea@edsholdir E-mail address: (igs.com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Karen Vermilyea		at (<u>561</u> Area Code <u>278-1169 x</u> Daytim	2313
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability	I now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were for the Horida document number 100000012739	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	7 (· · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	ت ا
Mailing address MAY BE A POST OFFICE BON)	N 27 1
	9
	- N
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	ity Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CIM Dadio LLC

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
VP	Augusto J Alizo	109 SE 5th Ave 2nd Floor	[]Add
		Delray Beach, FL 33483	<u>≡</u> Remove
			i lChange
· <u>VP</u>	James Baker	109 SE 5th Ave 2nd Floor	≅Add
		Delray Beach, FL 33483	[]Remove
			[] [] [] [] []
			[]Add
			[]Remove
			UlChange
			{ 1Add
			[]Change
			[]Add
			[]Remove
			[]Change
			[]Add
		·	f lRemove
			[~]Change

		
		
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ffective date, if o	ther than the date of filing:	(optional)
`an effective date is lis Sote: If the date ins	sted, the date must be specific and cannot be prior to date of filin serted in this block does not meet the applicable statutory	ig or more than 90 days after filing.) Pursuant to 605.0207 (y filing requirements, this date will not be listed as (
	date on the Department of State's records.	
record specifies a d d is filed.	felayed effective date, but not an effective time, at 12:01	a.m. on the earlier of; (b) The 90th day after the
Dated <u>5/16</u>		
	X 2. 1/. 0	
	Signature of a member of authorized represen	ntative of a member
	1	
Karen Vo	ermilyea	
	Typed or printed name of sig	ince