

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L0500000163

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CHARM CONSULTING
 Account Number : I20120000084
 Phone : (754) 234-3393
 Fax Number : (954) 302-1525

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: isabelr.martinez@gmail.com

2016 JUN -6 AM 11:57
 TALLAHASSEE FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 IGUAZU INTERNATIONAL, LLC**

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 TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IGUAZU INTERNATIONAL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISABEL MARTINEZ
Name of Person
CHARM CONSULTING LLC
Firm/Company
1825 MAIN ST
Address
WESTON, FL 33326
City/State and Zip Code
ismartinez@charmreality.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL MARTINEZ
Name of Person
754 234-3393
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IGUAZU INTERNATIONAL, 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 01/19/2005 and assigned
Florida document number L05000006163

This amendment is submitted to amend the following:

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

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)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

<u>Name of New Registered Agent:</u>	<u>CHARM CONSULTING, LLC</u>
<u>New Registered Office Address:</u>	<u>1825 MAIN ST</u> <i>Enter Florida street address</i>
	<u>WESTON</u> <u>Florida</u> <u>33326</u>
	<i>City</i> <i>Zip Code</i>

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JUN -6 2009
TALLAHASSEE
FLORIDA

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

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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	Martinez, Marmol, Antonio F	1120 South Powerline Rd	<input type="checkbox"/> Add
		Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Martinez, Marmol, Antonio F	1120 South Powerline Rd	<input type="checkbox"/> Add
		Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Martinez, Pedro J	1120 South Powerline Rd	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Martinez Marmol, Antonio F	1120 South Powerline Rd	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 5/31/2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paragraph to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 31 2016

Handwritten signature of Antonio F. Marmol

Signature of a member or authorized representative of a member

MARTINEZ, MARMOL, ANTONIO F

Typed or printed name of signer

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STATE OF FLORIDA
TALLAHASSEE

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