## L05000056522

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(Address)						
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

J. BRYAN

MAY 28 2008

**EXAMINER** 

## **COVER LETTER**

Division of Cor					
SUBJECT:	Thernational Sales of Name of Limited	Marketing UC		,	
	(Name of Limited	Liability (Ompany)			
The enclosed Articles of	Amendment and fee(s) are submitt	ted for filing.			
Please return all correspo	ndence concerning this matter to t	he following:			
	David Mot	(Name of Person)			
	International S.	clas Muhekz (Firm/Company)			
		(Firm/Company)			
	1057A Universe	(Address)			
		(Address)			<b>c</b> o
	Kissimme	e, FL 34744		IH 80	JEC JEC
	(C	ity/State and Zip Code)		W 27	RETAR PAR PAR
For further information c	oncerning this matter, please call:				
David M		at ( 407) - 965 - 1167 (Area Code & Daytime T		- 2: - ::	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
(Name o	of Person)	(Area Code & Daytime T	'elephone Number)	•	Ś
Englosed is a check for th	e 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 Fe Certificate of S Certified Copy (additional cop	tatus &	

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**

International Sal				
(Name of the Limited Li (A F	ability Company as for or ida Limited Liability	now appears Company)	s on our records.)	
The Articles of Organization for this Limited Liab Florida document number		filed on	5/31 /2005	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability co	ompany here	2;	
-				
The new name must be distinguishable and end with t 'L.L.C."	he words "Limited Lia	bility Compar	ny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:			08 11
Principal office address MUST BE A STREET.				2 97
Enter new mailing address, if applicable:				PA 2: 13
Mailing address MAY BE A POST OFFICE BO	<u></u>			<u>.                                    </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic		ddress on o	ur records, <u>enter 1</u>	the name of the new
Name of New Registered Agent:	Malcolm	William	٢	
New Registered Office Address:		•	ter Florida street ad	•
			, Florida	•
	(City	v)		(Zip Code)
New Registered Agent's Signature, if changing Reg	istered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address Type of Action** Malcolm Williams 1057a Vaivesel Rosort Place Add Kissimmee, FL 34745 Remove MGRM David Moth 1057 a Vaivent Rent Plan Add KISSIMMER, FL 34744 Remove 🗖 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Delek "David Moth" from company completely Dated 5/22/2008. Mulcoln William David Moth
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00