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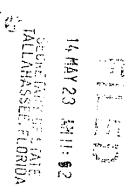
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Trade Solutions LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Alvaro Acevedo
Name of Person
Acevedo & Associates
Firm/Company
395 Brickell Avenue 8th floor
Address
Miami, FL 33131
City/State and Zip Code
dr.tax@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro Acevedo	A	lva	ro	Ac	eve	dc
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_{at} 754 422-9814

Name of Person

Area Code

Davtime 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Trade Solution		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number <u>L06000030418</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address description.		er the name of the new
	Ģ.	PAC 4
Name of New Registered Agent:		Total A
New Registered Office Address:	Enter Florida street address	54 1 1
	, Florida,	Zip Cöde
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and o		

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Address</u> **Type of Action Title** Name Edri I, Silva **MGRM** 1250 E Hallandale Bch Blvd No.502 □ Add Hallandale, FL 33009 ■ Remove □ Add ☐ Remove □ Add _□ Remove □ Remove ☐ Remove _□ Add □ Remove

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Filing Fee: \$25.00

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