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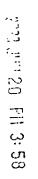
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor		•	7
	E INTERNATIONAL GROUP	LLC	
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MANUEL BENITEZ		
		Name of Person	
	ALLIANCE INTERNATI	ONAL GROUP LLC	
		Firm/Company	
	7325 NW 66 STREET		
	 	Address	
	MIAMI, FL 33166		
		City/State and Zip Code	- - ::3:
	mannyb@amerifast.com E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	7893 JUN 20
MANUEL BENITEZ		305 885-1717 at ()	19 3: 58 pt 12
Name o	f Person	Area Code Daytime Telephone Nun	iber [7] 58
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
		Savora Addresses	
Mailing Addres Registration 5		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	a 910
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suit Tallahassee, FL 32303	C 010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recordinability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L060000043934	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		- <u>- C.</u> C.
		PH
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	s
	£1.	vrida
	Cin	orida Zip Code

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 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
MGRM	RIVAS, JOSE	7325 NW 66 STREET. MIAMI, FL 33166	≣ Add
			□Remove
			□Change
MGRM	NANIA, ADRIANA	7325 NW 66 STREET. MIAMI, FL 33166	□Add
			= Remove
			Change
			Change
			☐Remove ∴ ↓ ↓ ☐ ☐ ©Hange
			□Add
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ocument's effective date on the Depa	rtment of Sta	ne s records.						
record specifies a delayed effective d	ate but not a	n offective ti	me at 12:01	am on the ca	rlier of: (b)	ፓክሎ ዓበ፣	h day afte	r the
is filed.	me, out not a	ii ÇiiCÇIIYE II	ine, us that	ann on the ca	(3)	-		
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Typed or printed name of signee