L06000066719

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B. KOHR

MAY 2 1 2009

EXAMINER

ECFS

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CORAL GABLES, FL 33134 PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY	

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

RPURATION	NAME(S) & DO	COMENT NUMBER(S) (ii known):
	NCE IN	STEKNATION	VAL NETWORK,
	5,p0,120011-13.1107	,	L060000667
(C	orporation Name)	(Do	cument #)
(Co	orporation Name)	(Do	cument #)
(Co	rporation Name)	(Do	cument #)
□ Walk in	Pick up time	·	Certified Copy
Mail out	☐ Will wait	Photocopy	Certificate of Status
•	•	· -	
NEW FIL	INGS	AMENDMENTS	
Profit		Amendment	The second section is a second
NanProfit		Resignation of R.A., Offi	cer/ Director
Limited Liabil	ity	Change of Registered Ag	
Domestication	on ,	Dissolution/Withdrawal	
Other		Merger	
	, ,		
OTHER F	ILNGS	REGISTRATION/	
Annual Repo	rt	QUALIFICATION	
Fictitious Na	me	Foreign	_
Name Reser	vation	Limited Partnership	
		Reinstatement	
		Trademark	

Other

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIANCE INTERNATIONAL NETWORK, L.L.C.

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	07/03/2006	and assigned
lorida document numberL06000066719			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company her	<u>·e</u> :	
he new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation "I	LC" or the abbrevia
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	l office address on	our records, enter t	he name of the
egistered agent and/or the new registered office address		<u></u>	
Name of New Registered Agent:	, <u> </u>	, process	
New Registered Office Address:	Er	nter Florida street add	lress
	Σ.		-
	City	, Florida	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 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 **Type of Action** Address Title Name MGR ALEJANDRO ALAMEDA 21055 NE 37 AVENUE, SUITE 709 ☐ Add Remove AVENTURA FL 33180 ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 20** 2009 Dated Signature of a member or authorized representative of a member CAMILO GIRALDO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00