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	(Requestor's Name)	·
	(Address)	
	(Address)	
	(City/State/Zip/Phone	(1)
	(Only/Cute/Lip/ None)	'')
PICK-U	P WAIT	MAIL
	(Business Entity Name	e)
	· · · · - · · · · ·	
	(Document Number)	
Certified Copies	Certificates of	of Status
		
Special Instruction	s to Filing Officer:	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Office Use Only

B. KOHR
AUG 27 2012
EXAMINER

COVER LETTER

Division of Corp	IOI ALIUIIS			
SUBJECT: TRA		ERNATIONAL HOLDING	3 LLC	
	Name of Limit	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
Tionse retain an contespon	dono concoming and manage			
	KEC	CHAGIAS PANAGIOTIS	<u> </u>	
		Name of Person	\$ 75°	2
	_		1 0	产工
	TRANS ATLANTIC INTERNATIONAL HOLDING LLC Firm/Company 9737 NW 41 STREET STE 500 Address			
		Firm/Company	24	Conce
			更	ان ان در
	9737	NW 41 STREET STE 500	ين	
		Address	5	<u>ુ</u>
			•	٢
		MIAMI FL 33178		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notifica	ition)	
For further information co	ncerning this matter, please of	:all:		
	, [
		at (
Name of	Person	at () Area Code & Daytime 1	Celephone Number	
		·	•	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
Company of the state of the sta	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TRANS ATLANTIC INTERNATIONAL HOLDING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

				9.0		
The Articles of Organization for this Limited Lie	ability Company	were filed on	08/17/2006	and assigned		
Florida document numberL06000081	270			S SE		
				The State of the S		
This amendment is submitted to amend the follo	wing:			3 999		
A. If amending name, enter the new name of	the limited lieb	ility compony boy		PH 9: 24		
A smeating name, enter the new name of	the mineu nau	anty Company ner	?	2 %		
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ited Liability Compar	ny," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicable:		9737 NW 41 STREET STE 500				
(Principal office address MUST BE A STREET ADDRESS)		MIAMI FL 33178				
		,—————————————————————————————————————				
Enter new mailing address, if applicable:		9737 NW 41 STR STE 500				
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33178				
			· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/o registered agent and/or the new registered off			ır records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	KECHAGIAS PANAGIOTIS					
	9737 NW 41 STREET STE 500					
New Registered Office Address:		Enter Florida street address				
	٨	MAMI FL	, Florida	33178		
		City	, FIUTIDA	Zip Code		
New Registered Agent's Signature, if changing Re	egistered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the pr	_	-				
accept the obligations of my position as regist	tered agent as p	provided for in Cha	pter 608, F.S. Or,	if this document is		
being filed to merely reflect a change in the re company has been notified in writing of this c		address, I hereby	confirm that the lim	ited liability		
	If Chan	ging Registered Agen	, Signature of New Reg	istered Agent		
	Page 1	of 2	1			

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** Name <u>Address</u> Type of Action .□ Add Remove Remove Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ /s/ PANAGIOTIS KECHAGIAS
Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00