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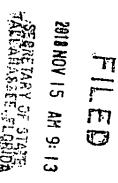
(Requestor's Name)
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(Document Number)
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COVER LETTER

FO: Registration Sec Division of Corp					
	CATION INTERNATIONAL I	LLC			
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of z	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspoi	ndence concerning this matter to	o the following:			
	ANTONIO E GOMEZ CPA	\			
		Name of Person		•	
	ANTONIO E GOMEZ CPA	A PA			
	-				
	132 MINORCA AVENUE			- '%'	
		Address	<u> </u>	2018 NOV 15	
	CORAL GABLES, FL 33134				7
	GOMEZ5454@BELLSOUT			1.4.5	
For further information c	E-mail address: (1 oncerning this matter, please ca	o be used for future annual report notific all:	ation)	AM 9: 13 OF STATE	E
ANTONIO E GOMEZ O		305 216-6003			
Name o	f Person	Area Code Daytime	Telephone Numbe	:r	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	ING ADDRESS: ration Section	STREET/COURIE Registration Section			

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HRS RELOCATION INTERNAT			<u> </u>	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company)	_)	
the Articles of Organization for this Limited Laborida document number L07000083780		were filed on 8/15/2007	aı	nd assigned
his amendment is submitted to amend the following	lowing:			
. If amending name, enter the new name o	of the limited liab	ility company here:		
ÿ/A				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		20801 BISCAYNE BLVD		
		AVENTURA, FL 33180		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20801 BISCAYNE BLVD STE AVENTURA, FL 33180	# 403 % 6	20 8 NO
			7.7	X
3. If amending the registered agent and	Non-mariatament o	Can address on our records	25.55 25.55	യ പ്ര
egistered agent and/or the new registered of	office address her	e:		ع ف
Name of New Registered Agent:	N/A		दूती ————	<u> </u>
New Registered Office Address:	N/A			
		Enter Florida street address	·	
	N/A	, Fla	orida <u>N/A</u>	
		City	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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	CAROLINA ROJAS NEWMAN	117 WANDERING OAKS WAY ASHEVILLE, NC 28805	
			Remove
			Change
AMBR	CARMEN PATRICIA BRACHT DE WULFF	11765 ST ANDREWS PL APT # 105 WELLINGTON FL 33414	Add
			□ Remove
			Change
AMBR	JOAO MARQUES DE FONSECA NETO	20335 W COUNTRY CLUB DR # 209 AVENTURA FL33180	
			Remove
			☐ Change
			A Prove
			Grave Shange
			95 99 W
			Remove
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			□ Remove
			Change

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			217	<u> </u>	_
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E. Effe	ctive date, if other than the date of filing:	(optional)) .) Puri	ena nt to 	605 02C
(If an o	effective date is listed, the date must be specific and cannot be prior to date of left. If the date inserted in this block does not meet the applicable statu	tory filing requirements, this date	") ruis : will	not be l	isted a
doci	iment's effective date on the Department of State's records.				
If the r	ecord specifies a delayed effective date, but not an eff	ective time, at 12:01 a.m.	on t	he ea	rlier (
(b) Th	ne 90th day after the record is filed.				
	NOVEMBER 13 2018				
Date	NOVEMBER 13 2018				
		<i>1</i>			
		· \			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee