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## **COVER LETTER**

INTERNA SUBJECT:	ATIONAL OPERATIONS GRO	OUP, LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Thomas T. Nguyen		
		Name of Person	
	INTERNATIONAL OPER	RATIONS GROUP, LLC	
		Firm/Company	V = 20112121
	10731 Arbor View Blvd		
		Address	<del></del>
	Orlando, Fl. 32825		
		City/State and Zip Code	
	brokerthomasnguyen@gma		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please concerning	all:	
Thomas T. Nguyen		407 288-3957 at ( )	
Name	of Person	Area Code Daytime	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

TO:

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 OPERATIONS GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limite	Hability Company)
The Articles of Organization for this Limited Liability Compar	y were filed on 10/02/2007 and assigned
Florida document number L0700010047	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>,                                    </u>
	<b>6</b>
	office address on our records, enter the hame of the ne
registered agent and/or the new registered office address he	ore:
	49
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
I hereby accept the appointment as registered agent and as	ree to act in this capacity. I further agree to comply with th

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>	<u>Address</u>	Type of Action
MGR	JIM L. NGUYEN	8727 Windsor Pointe Dr., Orlando,	■ Add
			□ Remove
			Change
MGR	QUANG T. NGUYEN	1135 SE 45th. St., Ocala, Fl. 34480	Add
			☐ Remove
			Change
		<del> </del>	□ Add
			Remove
			Change
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		<del></del>	□ Remove
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			Remove
			☐ Change

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Thomas T. Nguyen		V()					

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Filing Fee: \$25.00