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Special Instructions to	Filing Officer:	
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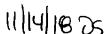
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	INTERNAT	TIONAL PRESTIGE ASSOCI	ATES, LLC		
SUBJECT		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
		CAROLYN KAHL			
			Name of Person		
		ROCA GONZALEZ P.A.		;	rą
			Firm/Company	<u>'</u>	
		3370 MARY STREET			EN 001 20
			Address		27 P
		MIAMI, FL 33133			T (
		CKAHL@RGPA.COM	City/State and Zip Code	·	ا الله الله
		E-mail address: (to be used for future annual report notif		
For further	information co	oncerning this matter, please co	all:		
CAROLYN	K AHL		305 859-6050		
	Name of	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fec	□ \$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)	
		ING ADDRESS:	STREET/COURI Registration Sectio		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL PRESTIGE ASSOCIATES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/08/2008}{1}$ and assigned Florida document number _____L08000002247 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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
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MGR		-	
		MIAMI, FL 33133	
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an effective date is listed, the date must be spec ote: If the date inserted in this block doe	s not meet the applica	to date of filing or more than able statutory filing requir	90 days after filing.) Pursuant ements, this date will not l	to 605,0207 (3 oc listed as th
ocument's effective date on the Departme	int of State's records.			
record specifies a delayed effec	tive date, but not	an effective time la	t 12:01 a.m. on the	earlier of:
The 90th day after the record is	filed.		t 12.01 o.m. on the	carner or.
October, 22nd	2018			
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Filing Fee: \$25.00