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T. HAMPTON

APR 1 7 2009

EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: Total	ernational M (Name of Limi	larketiva Accordited Liability Company)	mmoderations Group Ll		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
•	Jerratha International	(Name of Person)  (Firm/Company)	A		
	7777. DAvie	rd ext. Suite	100 A.		
	DAvie, F	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·		
For further information co	ncerning this matter, please ca	all:			
Jorathan (Name of	Crudy Al	at (954) 601 - 67 (Area Code & Daytime To	elephone 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		

MAILING ADDRESS: 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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Markety (Name of the Limited Liability Comp (A Florida Limited	na tecommoda:	
The Articles of Organization for this Limited Liability Compar	)	and assigned
Florida document number LOSOCO34160.	•	ı
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited		
The new name must be distinguishable and end with the words "Li 'L.L.C."	mited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		9
Principal office address MUST BE A STREET ADDRESS)		SECVISION SEC
		PR STORE
		6 GRE
Enter new mailing address, if applicable:		PR RPP C
Mailing address MAY BE A POST OFFICE BOX)		STATE OF STA
		<u>7</u> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, <u>enter the name of the nev</u>
Name of New Registered Agent:		***************************************
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	(Enter Fl	orida street address)
		_, Florida
	(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 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 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	<u>Name</u>	Address	Type of Action		
MGRM	Anthony GurdyAl	12112 Soint Andrews Pho Miramar, Fl. 33025	Add Remove		
MCRM	Julya Curdyal	Unso madian st.	Add		
MGRM	Jonedhan Gurdyal	7777A DAvie rd ext. Davie, FT. 3302C	Scale 100 A  Add  Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)			
			SECRETARY OF STATE OIVISION OF CORPORATIONS  O9 APR 16 PH 12: 15		
Dated P	Janet (	authorized representative of a member			
Typed or printed name of signed  Page 2 of 2					
Filing Fee: \$25.00					