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COVER LETTER

TO:	Registration Se Division of Cor			
etto ir		NTERNATIONAL, LLC.		
SUBJE	u:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ABDEL-AZIM BROWN		
		SIKABA INTERNATION	Name of Person AL, LLC.	
		11619 RENAISSANCE V	Firm/Company IEW COURT	· · · · · · · · · · · · · · · · · · ·
		TAMPA, FL 33626	Address	
		INFO1@SIKABA.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furtl	ner information c	oncerning this matter, please ca	all:	
ABDEL	-AZIM BROWN		813 714-4304	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne 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:

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**

SIKABA INTERNATIONAL, 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 09/02/2008 and assigned. Florida document number 1.08000083259
This amendment is submitted to amend the following:
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 "L.L.C." 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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
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 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>	<u>Address</u>	Type of Action
AMBR	BROWN, DORIS E		
		11619 RENAISSANCE VIEW	U Add
		COURT, TAMPA, FL 33626	■ Remove
		.	Change
MGR	Jallow, Alieu S		□ Add
		11619 RENAISSANCE VIEW	
		COURT, TAMPA, FL 33626	■ Remove
		 -	☐ Change
			Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			Change
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			Change

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Effective d	ate, if other than the date o	of filing:		(optional)	
(If an effective Note: If the	e date is listed, the date must be spe e date inserted in this block door effective date on the Departme	ecific and cannot be prior to do es not meet the applicable	ate of filing or more than 90	days after filing.) Pursuant to	605,0207 listed as
	specifies a delayed effec h day after the record is		n effective time, at	12:01 a.m. on the ea	arlier of
Dated	AUGUST 6	2019			
	AUGUST 6 Signatur				
	2000	20.			

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Typed or printed name of signee

Filing Fee: \$25.00