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(Address)				
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COVER LETTER

TO:	Registration S Division of Co					
SUBJ	ECT:	Markham I	nternational, LLC			
		Name of Limi	ted Liability Company			
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Jannice F. Davis			
			Name of Person			
Ма		kham International, LLC		ZIII SEP		
		Firm/Company		₹ SEP	1	
			611 Lakeview Drive		IARY ASSE	
			Address			
C		oral Springs, FL 33071		LORING 39	(
			City/State and Zip Code			
		jannice.davis@gmail.com E-mail address; (to be used for future annual report notification)				
			-	our cauony		
For fu	rther information	concerning this matter, please of	call:			
	Jar	nnice F. Davis	at (_954_)	757-2492		
Name of Person			time Telephone Numbe	er		
Enclos	sed is a check for	the following amount:				
:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	ate of Status &	
	MAII	LING ADDRESS:	STREET/COU	RIER ADDRESS:		

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**

(Name of the Limited Liab	arkham Print, LLC <u>Sility Company as it now appears on our records.</u> ida Limited Liability Company)
(A Flor	ida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on February 18, 2009 and assigned
Florida document numberL0900016719	<u>) </u>
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
	ham International, LLC
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET Al	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	0
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, <u>enter the name of the new</u> 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 Regis	tered 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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action **Address Title** Name ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove <u>ල</u> D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) September 10 2010 Dated ___ Signature of a member or authorized representative of a member Jannice F. Davis Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00