L09000017/05

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900186749619

10/19/10--01045--011 **30.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

OCT 2 0 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	ECT:	International Sa	ales Development LLC	,
			ited Liability Company	
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.	•
Please	return all corres	pondence concerning this matte	r to the following:	
			Margarete Grauss	
			Name of Person	
Internat		Internation	onal Sales Development, I	LC
· · · · · ·			Firm/Company	
		1	3110 Done Groven Dr	
			Address	
		· · ·	Dover, FI 33527	•
	•		City/State and Zip Code	
		E-mail address: (mgrauss@gmx.at to be used for future annual report not	ification)
For fur	ther information	concerning this matter, please of	call:	
	M	largret Grauss	at (_813_)	833 8655
		e of Person	Area Code & Dayti	833 8655 me Telephone Number
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee		\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or		8 2	j S
International S	Sales Development	, LLC	7	; ; ;
(Name of the Limited Liability (A Florida	Company as it now appea Limited Liability Company)	rs on our records.)	AN I CORPORAL AND	ָ בְיבֶר
The Articles of Organization for this Limited Liability C	Company were filed on	2/16/2009	and assigned	7 년 전
Florida document numberL0900017105	<u> </u>		SNO S	3
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lim</u>	ited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the world.L.L.C."	rds "Limited Liability Compa	nny," the designation "LI	_C" or the abbreviat	- ion
Enter new principal offices address, if applicable:				_
Principal office address MUST BE A STREET ADDI	RESS)			-
			<u> </u>	-
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				_
				_
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter th</u>	e name of the n	<u>ew</u>
Name of New Registered Agent:				-
New Registered Office Address:		Fl		-
	Enter Florida street address			
	City	, Florida	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 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 Title ' Name **Address** Type of Action **MGRM** Daniel Koch 13110 Done Groven Drive Dover, El 33527 Remove Margarete Grauss MGRM 13110 Done Groven Drive Dover, Fl 33527 Remove ☐ Add Remove Add Remove. \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10 OCT 19 AMITI 82 10/15/2010 Signature of a member or authorized representative of a member Margarete Grauss Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00