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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:		NTERNATIONAL, LLC.		
SUBJECT.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	amendment and fec(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		GARY I, HANDIN, ESQ		
			Name of Person	
		GARY I. HANDIN, P.A.		
Firm/Company				
	3111UNIVERSITY DRIVE-SUITE 605			
	Address			
CORAL SPRINGS FLORIDA 33065				
City/State and Zip Code				
		STEFAN@BARTELSDO		-, , , -
		E-mail address: (t	to be used for future annual report notifica	ition)
For further is	nformation co	oncerning this matter, please ca	all:	
GARY I. H	ANDIN		954 796-9600 at ()	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	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:

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

BARTELSINTERNATIONAL, LLC.		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number L09000018859	Company were filed on February25, 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
TORDA INTERNATIONAL, LLC.		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	01/
		01/2 1 T
Enter new mailing address, if applicable:		LE 25 P of Con
(Mailing address MAY BE A POST OFFICE BOX)		
		:
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, ress here:	ζ.,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
			Remove
			Change
			□ Add
			□ Remove
			Remove FILED Remove FILED Remove FILED Remove
			☐ Remota
			Change
			Remove
			Change
			Remove
			☐ Change
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			Change

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lf an ef <u>Note:</u>	effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory fil ument's effective date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605.0207
	record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of
Dated	JULY 24 2017	
	COCI (1)	

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Typed or printed name of signee

Filing Fee: \$25.00