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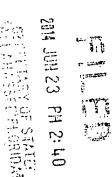
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CT: INTERNATIONAL CONTAINER MANAGEMENT, LLC  Name of Limited Liability Company		
The end	losed Articles of Amendment and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning this matter to the following:		
	Kevin W. Brown		
	Name of Person  K.W. Brown P.L.		
	Firm/Company		
	4000 Ponce De Leon Blvd.		

Coral Gables, FL 33146

City/State and Zip Code

Address

kbrown@brownpllaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin W. Brown

<sub>.,/</sub>305、909-7331

Name of Person

Area Code

Daytime Telephone 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 (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

## INTERNATIONAL CONTAINER MANAGEMENT, 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 C	ompany were filed on 11/02/2009	and assigned
Florida document number <u>L09000105682</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
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		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	2
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacity. I further agr omplete performance of my duties, and I am fa gent as provided for in Chapter 605, F.S. Or, i	nmiliar with and If this document is

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Alberto Roman Benitez	3341 N.W. 82nd Ave	nue ■ Add
		Doral, FL 33122	□ Remove
			□ Add
			Remove
			□ Remove
			□ Remove
			□ Add
			□ Remove
			□ Add
			Remove

if amending any other information, enter c	change(s) here: (Attach adattional sheets, if necessary.)
Effective date, if other than the date of filin (The effective date must be specific, cannot be prior to d the date this document is filed by the Florida Department	late of receipt or filed date and cannot be more than 90 days after
Dated June 16	2014
Hua II	
Signature of a	member or authorized representative of a member
Roman A. Benitez	

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Filing Fee: \$25.00