## L10000038185

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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SUBJECT:	MASCALZO	NE LATINO	MARCHIO	LLC									
Substitute 1.	, <del></del>		Name of Li	mited L	iability C	ompany		<del></del>					
The enclosed A	Articles of Am	endment and	d fee(s) are su	bmitted	d for filir	ıg.							
Please return a	Il corresponde	ence concern	ing this matte	r to the	followi	ng:							
		LARA CIR	IBī										
				-	Name of	f Person							
		MASCALZ	ONE LATIN	O MAI	RCHIO I	LLC							
			·		Firm/Co	mpany							
		450 ALTO	N ROAD SUI	TE 191	10								
					Add	ress							
		МІАМІ ВЕ	ACH FLORI	DA 33	139								
			<del></del>	Cit	y/State an	d Zip Cod	le						
		mascalzone@							_				
		I	E-mail address	(to be	ised for fi	uture annu	al report	notificat	ion)	· · · · · ·			
For further info	ormation conc	erning this n	natter, please	call:									
LARA CIRIB	I				30 at (	5 7	799-823	19					
	Name of Pe	rson				a Code	Da	ytime Te	lephone	Number		-	
Enclosed is a c	check for the f	ollowing am	ount:										
■ \$25,00 File	ing Fee	□ \$30.00 Fil Certifica	ling Fee & ate of Status		Certifi	Filing Fee ed Copy tal copy is o			(	60.00 Fili Certificat Certified additional	e of St Copy	tatus d	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MILLANDS EE, PLONDA

## MASCALZONE LATINO MARCHIO

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L10000038185		and assigned			
This amendment is submitted to amend the following:	is submitted to amend the following:  name, enter the new name of the limited liability company here:  be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  ipal offices address, if applicable:  address MUST BE A STREET ADDRESS)  450 ALTON ROAD SUITE 1910  MIAMI BEACH FLORIDA 33139  INTERNATIONAL MIRACLE GROUP INC  INTERNATIONAL MIRACLE GROUP INC				
A. If amending name, enter the new name of the limited	liability company here	<b>2:</b>			
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	S) 450 ALTON ROA	450 ALTON ROAD SUITE 1910			
	_	FLORIDA 33139			
(Mailing address MAY BE A POST OFFICE BOX)	SAME				
Name of New Registered Agent:  New Registered Office Address:  13607 SW	here: TIONAL MIRACLE GR	OUP INC a street address			
MIAMI		, Florida <sup>33186</sup>			
-	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
MGR	LARA CIRIBI		
		450 ALTON ROAD SUITE 1910	Remove
		MIAMI BEACH FLORIDA 33139	■ Change
			Remove
			Change
			Add
			☐ Remove
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, amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ian effec <u>Note:</u> If	re date, if other than the date of filing:	020 <b>7</b> (3)(td as the
e reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 30th day after the record is filed.	r of:
ated _	04/01/2015	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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