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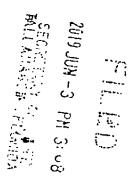
(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJEC		TIONAL ASSOCIATION OF	HAITIAN TRANSLATORS				
300315	(,1. <u></u>	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		FATHER C	CHRISTIAN PLANCHER				
			Name of Person				
			Firm/Company 33 SEAGULL CT				
			Address				
		SANT	TA ROSA BEACH, FL 32459				
		MA	City/State and Zip Code XOSINAL@AOL.COM	 			
			to be used for future annual report noti	ficution)			
For furt	her information c	oncerning this matter, please co	nil:				
MAXO	SINAL		305 308-8229 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclose	d is a check for th	ne 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, F1, 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 ASSOCIATION O		
(<u>Name of the Limited Liability Cor</u> (A Florida Limi	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on MAY 31, 2019	and assigned
Florida document number L10000090819		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
INTERNATIONAL ASSOCIATION OF HAITIAN-AMI	ERICAN TRANSLATORS, LLC	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SE DU TIL
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the nev
		္မွန္မွာ လ
Name of New Registered Agent:		2 C C C C C C C C C C C C C C C C C C C
New Registered Office Address:		
	Enter Florida street address	
·	, Florid	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			Change
			☐ Remove
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ffective date, if other an effective date is listed, the lote: If the date inserted ocument's effective date	in this block does r	iot meet the app	olicable statuto	ing or more than or tiling require	(optiona 00 days after fili ements, this da	i l) ng.) Pursuant te will not b	to 605.020 e listed as
e record specifies a The 90th day after			not an effec	ctive time, a	t 12:01 a.m	\mathfrak{s} . on the \mathfrak{s}	earlier o
ated MAY 31		2019					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00