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J. SAULSBERRY EXAMINER NOV 5 2010

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LETTLE International Treasure Exchange LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ratal Antonio Radiquez Name of Person
LPHE TATERATIONAL TRUSTO Excharge
1606 E. Sewahast
City State and Zip Code Cotal Mace Data Company E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Data A. Roddy Jezat (813) 132-3820 = 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{S30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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**

· CAHE Intervation	er/ 1608/C Exchange LLC
(Name of the Limited Liability Company :. (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on September 3,20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5 _
(Principal office address MUST BE A STREET ADDRESS)	
	ARE SO TI
Enter new mailing address, if applicable:	SSE - C
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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 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 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

Type of Action Title **Name** Rafael A. Rodriguez Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) gnature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00