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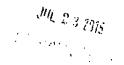
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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER *

Division of Cor	porations			
SUBJECT:	US I INTERNATIONAL TR	ADING LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		ISIS ISABEL		
		Name of Person		
	HIT	TAX INVESTMENT CORP		
Firm/Company				
	1860	N PINE ISLAND RD SUITE 109		
Address				
	PLA	NTATION FL 33322		
	<u></u>	City/State and Zip Code	······································	
ISISTAX@ AOL.COM				
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please ca	all:		
ISIS ISA	BEL	954 600-5801		
Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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:

TO:

Registration Section

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

US1 INTERN	JATIONAL TRADIN	G LLC
	lity Company as it now appears on our la Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number \(\bigcup_1\) 0001720	Company were filed on <u>02/0</u>	912011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatic	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TALE 15
(Principal office address MUST BE A STREET ADD)	RESS)	137 - 11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 2 2 2 AFY OF STATION
		Σ Σ
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	
	Enter r torida street	radaress
	City	, Florida 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>	Name	<u>Address</u>	Type of Action
MEMBEI	TARTARINI LUCIANO		
			Remove
		253 NE 2ND STREET SUITE 417	
MGR	MARIA GUERRA		☐ Add
			□ Remove
		253 NE 2ND STREET SUITE 417	Change
<u></u>			□ Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change ACC ACC ACC ACC ACC ACC ACC A
			ASSER Remove 1
			FLORIDA
			Add
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			Change

CHANGE FOR T	ARTARINI LUCIA	NO TO MEMBER	1%		
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e: If the date inserted the content is effective date.	r than the date of the date must be specified in this block does to the on the Department	not meet the applica t of State's records.	ble statutory filing re	quirements, this c	ling.) Pursuant to 6 late will not be li
ecord specifies a ne 90th day after	a delayed effection of the record is file	ve date, but not led.	an effective tim	e, at 12:01 a.ı	m. on the ear
d 07-16	-2015				15 SE
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	Signature	of a member or author	ized representative of a	. member	22 PM

Page 3 of 3

Filing Fee: \$25.00