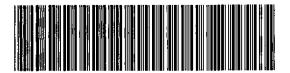
# L11000031863

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B. KOHR
JUN 2 8 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporation	ons	• •	<del>,</del>		
SUBJE		AIDA INTEI	RNATIONAL, LLC	* · · · · · · · · · · · · · · · · · · ·	A LOCA	
зовя			ed Liability Company	····	TOWN THE THE PARTY OF THE PARTY	
					الم الم	
The end	closed Articles of Amend	ment and fee(s) are sub	mitted for filing.		3/	
Please 1	eturn all correspondence	concerning this matter	to the following:			
		ARGY	RI MOUNTAKIS-ESSA	ARIS		
	<del></del>	•	Name of Person			
	-		Firm/Company			
			1 S. OLIVE AVE #904			
			Address			
		401				
	City/State and Zip Code					
		mai	rk.karydis@gmail.com			
		E-mail address: (t	o be used for future annual repor	T notification)		
For furt	her information concerni	ng this matter, please ca	all:			
John Ioannou		at (786_)	787-0425			
	Name of Person		Area Code & D	Daytime Telephone Number	•	
Enclose	ed is a check for the follo	wing amount:				
<b>√</b> \$25.		0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	te of Status &	

#### 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

### AIDA INTERNATIONAL, 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	y Company were filed on	03/15/2011	and assigned	
Florida document numberL11000031863	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
			<del>,</del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	<del>-</del>	our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:		<u> </u>		
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 Name 1 **Address** <u>Title</u> MGR Pagona Essaris 801 S. OLIVE AVE #904 ✓ Add WEST PALM BEACH FL 33401 Remove Remove Remove ∏ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 22 2011. Dated Signature of a member or authorized representative of a member ARGYRI MOUNTAKIS-ESSARIS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00