L11 000063675

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
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Special instructions to Filling Officer.	
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COVER LETTER

то:	Registration Se Division of Cor			
CHIDIE		ERNATIONAL, LLC		
SUBJE	.cr:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The end	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please 1	return all correspo	ndence concerning this matter t	to the following:	
		FRANCISCO A PEREZ V	ILLARROEL	
			Name of Person	
		CIBOL INTERNATIONAL	L LLC	
			Firm/Company	· · ·
		1721 E FOWLER AVE		
			Address	
		TAMPA, FL 33612		
		maacom2490@hotmail.com		
		E-mail address: (t	o be used for future annual report notifica	ation)
For furt	her information co	oncerning this matter, please ca	II:	
FRANC	CISCO A PEREZ	VILLARROEL	813 458-0028 at ()	
	Name of	Person	Area Code Daytime T	Celephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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, 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

CIBOL INTERNATIONAL, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	<u>ny as it now appears on our records.</u>) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000063675	were filed on 05/31/2011	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STRUET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		ie name of the new
		ASS
New Registered Office Address:	Enter Florida street address	mic o
	, Florida	
	City	For Gode Co
New Registered Agent's Signature, if changing Registered Agent:		141

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>N</u> ame	Address	Type of Action
MGR	ROSA M GUTIERREZ DE PEREZ	1721 E FOWLER AVE	
		TAMPA, FL 33612	□ Parrace
		CHANGE TITLE TO MGR	■ Change
			□ Add
			☐ Remove
			
			□ Add
			□ Remove
			☐ Change
	 		
		*	Remove
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ffective date, if other	er than the date of	f filing:			optional)	(05.020)
an effective date is listed Note: If the date insert	ed in this block doe	s not meet the app	licable statutory	filing requirements	this date will no	t be listed as
locument's effective d	ate on the Departme	int of State's recor	ds.			
e record specifies The 90th day aft			not an effecti	ve time, at 12:0)1 a.m. on the	e earlier o
		2018		j		
Dated MAY 9			,	i		

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Typed or printed name of signee

Filing Fee: \$25.00