L11000006843

(Requ	uestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Amend Name - Don Ma JIA International, LA Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MGRM Edgardo M. Mesins
DON MAJIA International LLC Firm/Company
1663 W. OAK RIGO Rd, SuitE-B
Orlando, FL 32809 City/State and Zip Code
DONMESIA INTERNATIONAL & GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edgrado Mejino at (407) 800-7570 Name of Persont at (407) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) S60.00 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**

DON MEJIH TNI	TEVNALIONAL LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{6/08/2011}{\text{and assigned}}$
Florida document number <u>L1100006684</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
DOWNELLA DOGIETA	CCIIC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\mathcal{N}/A
(Principal office address MUST BE A STREET ADDRESS)	
	,n
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
Training maintess 1211 BE 111 OST OF TICE BOTT	
B. If amending the registered agent and/or registered of	flice address on our records enter the name of the new
registered agent and/or the new registered office address here	
	/.
Name of New Registered Agent:	N/A
Name of New Registered regent.	. / A
New Registered Office Address:	N/H
	Enter Florida street address
 	, Florida City Zip Code
	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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
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imending any other inform	ation, enter change(s) here: (A	ttach additional sheets, if	fnecessary.)
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fective date if other than th	e date of filing: 5/00	7/17	(optional)
n effective date is listed, the date me	ast be specific and cannot be prior to da block does not meet the applicable	te of filing or more than 90 days	s after filing.) Pursuant to 605.02
cument's effective date on the l			
	ed effective date, but not an	effective time, at 12:	01 a.m. on the earlier
The 90th day after the re	cord is filed.		
ted MAY16,	,2017.		
	of I an	Jan 160	200 7 8
	Signature of a member or authorized	representative of a member	AV 22
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Page 3 of 3

Filing Fee: \$25.00