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EXAMINER



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COVER LETTER

Division of Corporations				
SUBJECT: Rec	Heels Inter	national, LLC		
	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Ma on T	Paus		
	MAYRA I. RAMOS Name of Person			
Firm/Company			· · · · · ·	
11901 Cheltinham Dr.				
11901 Cheltinhan Dr. Address				
Orlando FL. 32824 City/State and Zip Code				
City/State and Zip Code				
	E-mail address: (73 @ yahoo. com to be used for future annual report notifica	ition)	
For further information concerning this matter, please call:				
Sivta Rai	₩ 65	ar(467) 765-8219		
Name of Person		at (407) 760-8219 Area Code & Daytime Telephone Number		
Enclosed is a check for t	-			
\$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:		STREET/COURIER ADDRESS:		
Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporations		
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEELS 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 Company were filed on _ June 29,2011 and assigned Florida document number <u>L 110</u>06075378 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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** <u>Title</u> **Address** <u>Name</u> ___ Sixto A Ramos 10947 Arbor View Blvd Orlando, FL. 32825 U.S CFO ☐ Add - Remove ☐ 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.) Please Change Title for MANAGINS MEMBER Mayra I Ramos from CEO to MGRM Dated Signature of a member or authorized representative of a member Mayra I Ramos
Typed or printed name of signee

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Filing Fee: \$25.00