## 4110000075431

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PICK-UP	☐ WAIT ☐ MAIL
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Special Instructions to Fi	iling Officer:
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A. LUNT

JUL 12 2011

**EXAMINER** 

Office Use Only



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07/11/11--01017--008 \*\*25.00

## **COVER LETTER**

TO:

TO:	Registration S Division of Co						
SUBJE	ECT:		ternational LLC				
		Name of Lim	ited Liability Company				
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
		<u></u>	Hector A Mesa Villamil Name of Person		_		
		_					
		<u>C</u>	MR International LLC Firm/Company		_		
		100	00 Brickell Ave STE 480		SE	2111	
			Address		AHAS	11 JUL 1182	<u> </u>
			Miami, FL 33131 City/State and Zip Code		RY OF		FILED
		E-mail address: (	gie_restrepo@me.com to be used for future annual report n	otification)	GRETARY OF STATE LAHASSEE, FLORIDA	<b>3 6 5</b>	
For furt	ther information of	concerning this matter, please c	all:		E A	•	
		elica Restrepo	at ( <u>305</u> ) Area Code & Day	219-8103 rtime Telephone Numbe	er	-	
	ed is a check for t .00 Filing Fee	he following amount: \$\int_\$30.00 \text{ Filing Fee &}	\$55.00 Filing Fee &	<b>\$60.00</b> Fi	ilina Fee		
<b>9</b> 23	.oo t milg i cc	Certificate of Status	Certified Copy (additional copy is enclo	Certific (sed) Certifie	ate of St	atus &	osed)
	Registr	ING ADDRESS: ration Section	Registration Sec				
1	P.O. B	on of Corporations ox 6327 assee, FL 32314	Division of Cor Clifton Building 2661 Executive	g			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMR Interr	national LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	06/29/2011	and assigned
Florida document number <u>L11000075431</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	re:	
N,	A		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)	NA	=======================================	_2
		AHA	
Enter new mailing address, if applicable:	NA	ARY SSE	= _
(Mailing address MAY BE A POST OFFICE BOX)		in o	3 M
		LOR NOR	<b>9</b>
		<b>6</b> A	***
B. If amending the registered agent and/or registered o		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent: NA			
New Registered Office Address:			
	Er	nter Florida street addi	ress
		, Florida	
- <del></del>	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 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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Angelica Restrepo	110 SW 12th ST #2207 Miami, FL 33130	Add  Remove
MGRM	Marco A Gomez	1000 Brickell Ave STE 480 Miami, FL 33131	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add HC Remove
D. If amo	ending any other information, ente	r change(s) here: (Attach additional sheets, if necessor	ARY OF STATE ASSECUE FLORIDA
-			
Dated	July 8	2011 .	
•	Signature of a	member or authorized representative of a member  Hector A Mesa Villamil	
		Hector A Mesa Villamil Typed or printed name of signee	<del>"</del>

Page 2 of 2

Filing Fee: \$25.00