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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MW International Ventures LLC 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:
Sarah Morcos Name of Person
MW International Ventures LLC Firm/Company
16400 N.W 2nd Ave. STE 201 Address
Miami, FL 33169 City/State and Zip Code
E-mail addiess: (to be used for future annual report notification)
For further information concerning this matter, please call:
Soroh Morcos  Name of Person  at (786) (010-1450)  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of St

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

MW Intern	CTIONAL d Llability Company A Florida Limited Lia	Venture S as II now appears or bility Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number LII & Ø Ø Ø 87	nbility Company w	ere filed on	1/29/201	and assign	ed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability	v Company," the desig	nation "LLC" or the	abbreviation "I_IC	."
Enter new principal offices address, if applica	ıble:	<u> </u>			Var
(Principal office address MUST BE A STREET ADDRESS)					
				<del>0</del>	- <del> </del>
				i.	<u>하.</u> 당 및
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		<del> </del>		
B. If amending the registered agent and/or the new registered off  Name of New Registered Agent:	fice address here:		ur records, <u>ente</u>	er the name of	the new
New Registered Office Address:		125th 5	treet, S	TE 51	2_
	<u> Miami</u>	City	, Florida _	33161 Zip Code	<del></del>
New Registered Agent's Signature, if changing R	legistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified.	er and complete p stered agent as pr registered office o	performance of m rovided for in Cha	y duties, and I an apter <u>605,</u> F.S. O	n familiar with a Dr, if this docum	and ent is

Page 1 of 3

If Changing Registered Agen, 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 **Title** <u>Name</u> **Address Type of Action** \_□ Add \_□ Remove \_□ Change \_ Add □ Remove \_□ Change ☐ Add \_□ Remove \_□ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Remove Change

2. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	<del></del>	
	<del></del>	
	<del></del>	
· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the date of filing:	suant to 605.0207 not be listed as	(3) the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t ) The 90th day after the record is filed.	the earlier of	-:
Dated	ಹ	,
Sarah Morcie	1730	11 J. J. L. J.
Signature of a member or authorized representative of a member	7 PH	
Sarah Morcos Typed or printed name of signee		

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Filing Fee: \$25.00