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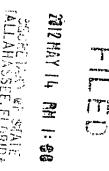
(Requestor's Name)			
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: FLORIDA INTERNATIONAL INVESTMENTS & MANAGEME

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:

				型以 三	
	RO	SEMARIE BORRELLI			
		Name of Person		TILL ATT 14	R ⁿ¹
	FLORIDA INTERNA	TIONAL INVESTMENTS Firm/Company	& MANAGEME	ms. 3	net he
	1131 NW 93 AVE			ORIO CO	
		Address		rje:	
	PL	ANTATION, FL 33322			
	City/State and Zip Code				
	escadalady@aol.com E-mail address: (to be used for future annual report notification)				
	concerning this matter, please o	all: at (_954_)	773-1294		
Name of Person		Area Code & Daytime Telephone Number		•	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Status &	
MAILING ADDRESS:		STREET/COUL	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA INTERNATIONAL INVESTMENTS & MANAGEMENT, 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	09/08/2011	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	<u>/ here</u> :		
The new name must be distinguishable and end with the words "Limited Liability Co"L.L.C."	Ompany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		70	
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•	\$0.27 177	F	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, <u>enter the</u>	e name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
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

Type of Action Title <u>Address</u> <u>Name</u> GRACIELA VIZCAYA **MGRM** 8643 NW 10 CT PLANTATION, FL 332 Add □ Add ☐ Remove ☐ Add Remove Add Remove ~ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

MARIE BOLKELLI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00