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Amend

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TO:

Registration Section

Division of Corporations TRANSBORDER INTERNATIONAL LLC SUBJECT: _ 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: JOSE VALDERRAMA Name of Person MENDEZ MOLIERI & COMPANY, LLC Firm/Company 2600 S. DOUGLAS RD. SUITE 501 Address CORAL GABLES, FL 33134 City/State and Zip Code jvalderrama@mmco-cpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose Valderrama Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSBORDER INTERNATIONAL LLC

(<u>Name of the Limited Lial</u> (A Flor	ability Company as it now appears on our records.) orida Limited Liability Company)	!
The Articles of Organization for this Limited Liability Florida document number 1.12000063064	1	5)
This amendment is submitted to amend the following:	g:	
A. If amending name, enter the new name of the li	limited liability company here:	
The new name must be distinguishable and contain the words "I.	"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 ADd	DDRESS)	-
		-
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	-
		-
B. If amending the registered agent and/or registered agent and/or the new registered office ac	registered office address on our records, enter the name of the address here:	<u>ne</u>
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	_
	City Zip Code	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	gent and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability	

MGR = N	lanager		
$AMBR = \lambda$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00