Liteas 11198

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SECRETARY OF STATE
TALLAHASSEF FLORIN

COVER LETTER

TO:	Registration Section
	Division of Corporations

1&H INTERNATIONAL INVESTMENTS USA 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:

JAIRO VARGAS

Name of Person

I&H INTERNATIONAL INVESTMENTS USA LLC

Firm/Company

6355 NW 36 ST SUITE 401

Address

MIAMI FL 33166

City/State and Zip Code

JVARGAS1@GATE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIRO VARGAS

,,305、428-2020

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- □ \$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:

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

I&H INTERNATIONAL INVESTMENTS USA 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	y Company were filed on 09/02/2014	_ and assigned
Florida document number L13000011198		- •
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the words "	'Limited Liability Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	•	
B. If amending the registered agent and/or registered agent and/or the new registered office ac		e name of the new
registered agent and/or the new registered office at	<u></u>	is _
Name of New Registered Agent:	Ç	- Ca
New Registered Office Address:	Enter Florida street address	Residence of the second
	in the state of th	2 3 M
Committee of the second	, Florida	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	Ab Code:
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this capacity. I further agreed complete performance of my duties, and I am fam I agent as provided for in Chapter 605, F.S. Or, if the agent as address, I hereby confirm that the limited	to comply with the niliar with and this document is
	If Changing Registered Agent, Signature of New Regist	lered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARMEN ILIANA PINTO SOTO	6355 NW 36 ST SUITE 401 MIAMI FL 3316	6 ⊟ Add
			□ Remove
MGR	HECTOR DEL VALLE ALBORNOZ	6355 NW 36 ST SUITE 401 MIAMI FL 33166	 ; ≡ Add
			Remove
MGR	JAIRO VARGAS	6355 NW 36 ST SUITE 401 MIAMI FL 33166	Add
			_ ■ Remove
	· · ·		-
		À L. A.	Add CS Resove
		L-DRIOA	Ado Company
		<u> </u>	
			.□ Add · □ Remove
•			

e date of filing:	filed date and cannot be me	(optional)
Florida Department of State)	med date and cannot be mo	ore man 90 days after
horte	n south	
Signature of a member or auth	orized representative of a	member
Dibitatare of a memoer of and		momodi
	o JARGAS ed name of signer	•
L	not be prior to date of receipt or following Department of State)	e date of filing: not be prior to date of receipt or filed date and cannot be me florida Department of State) Lawy and Signature of a member or authorized representative of a

Page 3 of 3

Filing Fee: \$25.00

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