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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	LAUDERD	ALE ACQUISITIONS, LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	A mandment and fac(s) are sub-	nitted for filing	
THE CHCIOSEC	Afficies of	(additional copy is enclosed) Certified Copy		
Please return	all correspon	ndence concerning this matter	to the following:	
		Adriana Macedo		
Name of Person				
	Assure International Services LLC			
	Firm/Company			
		225 Hollyberry Drive		
			Address	" · · = · · =
		Roswell, GA 30076		
			City/State and Zip Code	
		amacedo@assureinternat	tional.us	
		E-mail address: (t	o be used for future annual report notifica	tion)
For further in	nformation co	oncerning this matter, please ca	11:	
Adriana Ma	icedo			
	Name of	Person		elephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

		EQUISITIONS, LLC	
(Name of the Limit	ed Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number L13000013072		were filed on January 24, 2013	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	pility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	N/A	
(Principal office address MUST BE A:STREE	T ADDRESS)	······································	3 P
			<u> </u>
			8 2 8 3 X H A 8
Enter new mailing address, if applicable:		N/A	1
N/A	<u> </u>		
			7
			0RID 23
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the new
registered agent and/or the new registered of	ilice address nei	<u>.e:</u>	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	···
		, Florida	
		City	Zıp 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 duites, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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 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

<u>Title</u>	Name	Address	Type of Action
AMBR	Legan Ventures, Inc	Marcy Building, 2nd Floor, Purcell Estate, P.O. Box 24116	= Add
<u> </u>		Road Town, Tortola, BVI	
			D Remove
			Change
			🗆 Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days offer filing.) Pursuant to 605 50207 (Note; If the date inserted in this block does not meet the applicable statutory illing requirements, this date will not be listed as at document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Fe bruary 1st 2018	N/A		The second secon		
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to l	Dated	Fe bruary 1st	2018		
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/Signature of a member or authorized representative of a member	_	Signatu	re of a member or authorized representative of a member		
SABAN TRADING LTD. Typed or printed name of signee		,			

Page 3 of 3

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