

L13000028808

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SECRETARY OF STATE

K. SALY
EXAMINER
DEC 20 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL EQUIPMENT I, 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:

CLAUDIYOLY VARGAS

Name of Person

INTERNATIONAL EQUIPMENT I, LLC

Firm/Company

7950 NW 53 RD ST #333

Address

DORAL, FL 33166

City/State and Zip Code

claudiyoly.v@gmail.com

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

For further information concerning this matter, please call:

CLAUDIYOLY VARGAS

Name of Person

at (**305 934-8919**)

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

FILED
13 DEC 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INTERNATIONAL EQUIPMENT I, 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 02/25/2013 and assigned
Florida document number L13000028808.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 7950 NW 53 RD ST #333
DORAL, FL 33166
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 7950 NW 53 RD ST #333
DORAL, FL 33166
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CLAUDIYOLY VARGAS
New Registered Office Address: 7950 NW 53 RD ST #333
Enter Florida street address
DORAL, Florida 33166
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

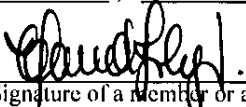
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CLAUDIYOLY VARGAS	7950 NW 53 RD ST #333	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
MGR	MARIA F DE MATOS	7950 NW 53 RD ST #333	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER 16TH, 2013

x 

Signature of a member or authorized representative of a member

CLAUDIYOLY VARGAS

Typed or printed name of signee

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Filing Fee: \$25.00