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(Re	questor's Name)	
(Ad	dress)	· .
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE

B. BOSTICK
MAY 1 6 2013

EVAMINER

COVER LETTER

TO: Registration Sectorial Division of Corporation				
SUBJECT:	Name of Limit	In ternational LLC led Liability Company	·	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		Name of Person		
		Grand Internation		
	1130	39 NW 55 H Lane Address	SEC SEC	2013
	Dor	City/State and Zip Code	AHASSE	FILED 2013 MAY 15 AM 11: 46
		o be used for future schual report notification		IS AHII:
For further information cor	ncerning this matter, please ca	all:		94
Alex Nin Name of I	C Person	at (<u>786)</u> <u>554 - 1754</u> Area Code & Daytime Tele	ephone 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)	Certificate of Certified Contact (additional contact)	f Status &

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

)		
The Articles of Organization for this Limited Liability Company wer	re filed on M_c	rch 12, 2	.013 ar	d assig	med
Florida document number <u>L 130000 37664</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company here:				
- N/A					
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Company,'	the designation	on "LLC" o	the abl	breviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		74/1-	<u> </u>	2	
			<u>;-</u> ;:	<u> </u>	new (ma
Enter new mailing address, if applicable:			HASS	AY 15	* ;
(Mailing address MAY BE A POST OFFICE BOX)		4.6	HG.	➣	111
		/ //-		<u>=</u>	L
			공석	÷.	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our	records, <u>ent</u>	er the na	me of	the new
Name of New Registered Agent:		x/ /zr			
New Registered Office Address:		·			
	Enter l	Florida street	address		
		, Fiorida			
C	ity		Zip	Code	
New Registered Agent's Signature, if changing Registered Agent:					

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MGRU	Maria V. Giomez	4903 S.W. 154# Ct.	Add
		Miami, FL 33185	Remove
-	·		Add Remove
		ALLAHASSEL, FLORIDA	Add Remove 75 AM Add
			Remove
			Add Remove

meno	ding any other information, enter change(s) here: (Attach additional sheets, if necessa
	May 13 , 2013.
	Signature of a member or authorized representative of a member
	Alex Ni NO Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

2013 MAY 15 AH 11: 46