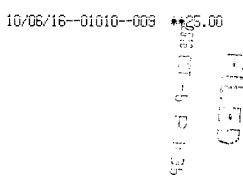
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COVER LETTER

Division of Corpo		
SUBJECT:	Forpus International LLC Name of Limited Liability Company	
	nendment and fee(s) are submitted for filing. ence concerning this matter to the following:	
r rease return an correspone	Carla L Fernandez Name of Person	
	Firm/Company 493 Castle DR	
	Address TI 34119	
	Naples FL 34119 City/State and Zip Code Carla Described a Com E-mail address: (to be used for future annual report notification) cerning this matter, please call:	Manual Services
For further information con	cerning this matter, please call:	775
Carla Name of F		ラジン
Enclosed is a check for the	tu.	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Forpus Internat	nional Lic
(Name of the Limited Liability) (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L\30000 39\74</u>	mpany were filed on 03 · 14 · 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite N/A	ed liability company here: ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limite	
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	N/A
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	IA
New Registered Office Address:	AS 2
	Emer Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and cor accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability

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 Type of Action **Address** <u>Title</u> <u>Name</u> Karina Porsandeh 4803 E Ocean Blvd Long Beach CA 90803 Add MPB ☐ Remove _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □{R}move ☐ Change □⁻Add ☐ Remove ☐ Change _□ ∧dd ☐ Remove _□ Change

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ective date, if other than the date of	f filing:		(optiona	D
effective date is listed, the date must be spec te: If the date inserted in this block does	ific and cannot be prior to	date of filing or more than	90 days after filin	g.) Pursuant to 605.0
cument's effective date on the Departme	ent of State's records.	ore statutory trining requi	rements, uns da	e will not be listed
record specifies a delayed effect he 90th day after the record is	tive date, but not filed.	an effective time,	at 12:01 a.m	. on the earlie
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Filing Fee: \$25.00