## 1/3000083169

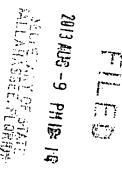
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	TONIGHT  Name of Limit	1NTERN ATION A	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MAG	Name of Person	
	TON	Firm/Company  J 107 TH COUR  Address  33178  City/State and Zip Code	TIONAL LLC
	6973 NW	J 107 TH COUR	T 23
	DORAL, FL Maggie.	Address  33178  City/State and Zip Code  CUMAN 3 9 9 6  o be used for future annual report hotificate  all:  305 200 - 9  Area Code & Daytime Te	il. Conse
For further information co	ncerning this matter, please co	all:	
MAGGIE Name of	Person	at ()  Area Code & Daytime Te	3317—
Enclosed is a check for th	e 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

TUNIGHT INTERNATION (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 \_ Florida document number <u>L13000083169</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INTERNATIONAL MACRETAIN The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:		
New Registered Office Address:	Enter Florida street address	
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

"L.L.C."

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 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>		Type of Action
MGRM	MAGGIE CURRAN	4924 SW34TH TERRACE FT LANDERDALE CL	Add
		FT LANDERDALE EL	Remove
100 600	NA ANSIGHT BAYERS	4974 SUBSTH TERRACE	
MORN	LLC	4924 SW 34TH TERRACE F+ LANDERDALG, FL 33312	_
		28 27 27 27 22 5 27 3 27 3 27 3 27 5 27 5 27 5	Add
			Remove
-			Add
			Remove
			[]
<del>-</del>			Add
			Remove
			Add
			Remove

D. If an	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	81, 2013.
	MyCI
	Signature of a member of authorized representative of a member  MAGGIE CURRAN
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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