6/7/2018

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076 Phone : (305)388-7028 Fax Number : (305)479-2705

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

118 JUN -8 AM 8:3

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AEL INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AEL INTERNATIONAL, LLC		
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited L Florida document number L13000092114		06/26/2013	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and		on our records	TEATH SSEE FLERING of the new
registered agent and/or the new registered of	office address here:	on our records, s	the the name of the second
Name of New Registered Agent:	N/A		
New Registered Office Address:	Enter F	lorida street address	
		Florie	da
	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 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	<u>Address</u>	Type of Action
MGR	GINY JAKUBOWICZ RAITAN	3801 NE 207TH ST #33	
		AVENTURA, FL 33180	_ ■ Remove
			☐ Change
MGR	STANISLAO JAKUBOWICZ RAITAN	3801 NE 207TH ST #32	DAdd
		AVENTURA, FL 33180	■ Remove
			Change
MGR	MARTIN JAKUBOWICZ FEDER	3801 NE 207TH ST #33	D Add
		AVENTURA, FL 33180	≅ Remove
			Change
			Add
			Remove
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			Remove
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