## L13000094136

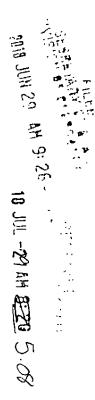
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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N. CAUSSEAUX JUL - 2 2018

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:		INT GENACION A	LUC
The enclosed Articles of Ai	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter a	o the following:	
	•	Name of Person  Internacional Firme Company  Unite St Address  MMER T	
	E-mail address: (to	asile of lyre	eation) Com
For further information cond	cerning this matter, please cal	·	
Governi A Name of Po		at ( <u>850)</u> 339 Area Code Daytime	Felephone Number
Finchesed is a check for the 1325.00 Filing Fee	following amount: \$30.00 Filing Fee & Tertificate of Status	S55,00 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

- 1	1	2
Casillero Ir	ternacional	/ \
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recu	ords.)
	1	
The Articles of Organization for this Limited Liability Company	were filed on $06/2$	7/20/3 and assigned
Florida document number <u>L130009413</u> 6	)	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
	·	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRESS)		7000
		20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our room	ede antar the name of the name
registered agent and/or the new registered office address her	e:	us, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	rers.
		Florida
	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>	<u>Name</u>	Address	Type of Action
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		1100 W Vine st Kissimmer Fl 34741	Change
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fective date, if other than the date of filing:	<del></del>		(optio	nal)	
an effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet	the applicabl	date of filing or mo e statutory filing	e than 90 days after t requirements, this	iling.) Pursuant to date will not be i	605.02 listed
ocument's effective date on the Department of State	's records.				
record enecifies a deleved effective detective	<b>.</b>				
record specifies a delayed effective date The 90th day after the record is filed.		in effective til	ne, at 12:01 a	.m. on the ea	rlier
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Filing Fee: \$25.00