Florida Department of State

Bivision of Corporations

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To:

Division of Corporations

Fax Number

: (859)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

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

| Email A | ddress: | <br> |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUSINESS INTERNATIONAL & COMMERCE, LLC

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Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BUSINESS INTERNATIONAL & COM  | IMERCE, LLC                      |              |  |
|---|----------------------------------|--------------|--|
| (Name of the Limited Liability Company as it now appe<br>(A Florida Limited Liability Company   | ears on our records.)            | •            |  |
| The Articles of Organization for this Limited Liability Company were filed on  Florida document numberL13000148789  | 10/22/2013 and a                 | assigned     |  |
| This amendment is submitted to amend the following:   |                                  |              |  |
| A. If amending name, enter the new name of the limited liability company  | here:                            |              |  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the   |                                  | L.L.C."      |  |
| Enter new principal offices address, if applicable:   |                                  |              |  |
| (Principal office address MUST BE A STREET ADDRESS)   | ŗ                                | <u>&gt;</u>  |  |
|   |                                  |              |  |
| Enter new mailing address, if applicable:   |                                  | <u> </u>     |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                  |              |  |
| B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:  Name of New Registered Agent: | records, enter the name of the r | ew registere |  |
|   |                                  |              |  |
| New Registered Office Address:  Enter Fo  | Enter Florida street address     |              |  |
|   | , Florida                        |              |  |
| City  New Registered Agent's Signature, if changing Registered Agent:   | Zip Сос                          | le           |  |
| I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of      |                                  |              |  |

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>Tltle</u> | Name             | Address          | Type of Action |
|--------------|------------------|------------------|----------------|
| MGR          | ISSA, MA SOCORRO | 457 SW 126TH AVE |                |
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|                      | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| ote: If              | e date, if other than the date of filing:  (optional)  five date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Illing.) Pursuant to 605.0  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed  1's effective date on the Department of State's records. |
| record s<br>is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t<br>L   |
| ated                 | JULY 27TH 2020  |
|                      | I wind at that  |
|                      | Suppliere of a member or authorized representative of a member  |
|                      | LUIS C AYALA CARRASCO   |