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SECRETARY OF STATE
FALLABASSEE FLOORING

G. HARVEY

DEL 09

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

S	SUBJECT: EVEN KEEL TNTERNATIONAL LLC, Name of Limited Liability Company			
7	The enclosed Articles of Amendment and fee(s) are submitted for filing.			
P	lease return all correspondence concerning this matter to the following:			
	N. GERARD DIDIER II			
	EVEN KEEL INTERNATIONAL Firm/Company			
	160 COLUMBIA DR. 501			
	TAMPA, FL. 33606 City/State and Zip Code		14.	
	CAPTGERARD572 VAHOO, COM, E-mail address: (to be used for future annual report notification)	RETAR)EC - 1	Baka Salar
	or further information concerning this matter, please call:	E.O \	 :	1
	GLENN Name of Person at (813) 863-5788 Name of Person Area Code Daytime Telephone Number	L SIMIE	PH 12: 50	
	nclosed is a check for the following amount:			
	\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

`					
The Articles of Organization for this Limited Liz	ability Company	were filed on _	1/8/14	and assig	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company b	ere:		
The new name must be distinguishable and end with the w	vords "Limited Liab	ility Company," the	e designation "LLC"	or the abbreviation "L.I	C."
Enter new principal offices address, if applica	ble:	160	COLUM	DIA DR.	501
(Principal office address MUST BE A STREET	(ADDRESS)	TAMP	A,FL.:	33606-	<u>-3</u> 563
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	160 TAMP		SIA DRIS	501
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered of ice address here	fice address o	n our records,	enter the traine of	the new
Name of New Registered Agent:	NIGE	RARD	DICHER	と正言。	<u> </u>
New Registered Office Address:	160	ODLUM Enter Flo	BIA D	R. 501	<u></u>
	TAM	City	, Flori	da 3360 (c Zip Code	-3563

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAMES A. RODRIGUE	2 18108 KARA COURT	Add
		TAMPA, FL 33647	D Remove
AMBR		160CDLUMBIADR, 501 TAMPA, FL. 33606-350	
			_
			Add
			Remove SCGRETAR AND FOR THE PARENCE OF SCREEN AND FOR THE PARENCE OF SCREEN AND FOR THE PARENCE OF THE PARENCE
			PH Zye
			□ Add
			□ Remove
			Add
			□ Remove

ective date, if other than the date of filing: (or effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date.	otional)
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 da date this document is filed by the Florida Department of State)	ys after
10/28/14, 2014 .	
MGR	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE PALLAMASSEE, FLORIDA

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