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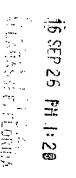
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COVER LETTER

TO:	Registration Se Division of Cor								
SUBJE		NTERNATIONAL LLC							
SUBJE	C1:	Name of Lim	ited Liability Company	<u></u>					
	t								
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please r	eturn all correspo	ndence concerning this matter	to the following:						
		HENRY COSTA							
			Name of Person						
			Firm/Company						
		210 SW 107TH AVE							
		Address MIAMI FL 33174 City/State and Zip Code HCZAYLIN@AOL.COM							
		E-mail address: (to be used for future annual report notifi	cation)					
For furt	her information c	oncerning this matter, please ca	all:						
HENR	Y COSTA		305 222-2289						
	Name o	f Person	Area Code Daytime	Telephone Number					
Enclose	d is a check for tl	ne 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)					
	MAII.	ING ADDRESS:	STREET/COURIE	ER ADDRESS:					

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIALON INTÉRNATIÓNAL LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 01/31/2014	and assigned
Florida document number L14000017931		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		38
(Mailing address MAY BE A POST OFFICE BOX)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	-	
B. If amending the registered agent and/or register		
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	· City	Zin 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
MGR	RICARDO JOSE R ALONSO	19 SEDONIA AVE APT 1	Add
		MIAMI FL 33134	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
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			□ Change
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effective date is	s listed, the date inserted in this	must be specif	fic and cann	ot be prior t	o date of fili	ng or more th	nan 90 days a	fter filing.) Pursuant t	o 605.020
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