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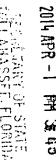
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COVER LETTER

TO: Registration Section
Division of Corporations

FLORIDA MANAGEMENT INTERNATIONAL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARINA GOLDENBERG

Name of Person

Firm/Company

11131 NE 9TH CT

Address

BISCAYNE PARK, FL 33161

City/State and Zip Code

KFGOLDENBERG@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARINA GOLDENBERG

305, 298-8346

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

FLORIDA MANAGEMENT INTERNATIONAL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
KARINA GOLDENBERG LLC	
The new name must be distinguishable and end with the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
	= = = = = = = = = = = = = = = = = = =
	HASS I
Enter new mailing address, if applicable:	(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address	s on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of Nam Booistaned Agents	
Name of New Registered Agent:	
New Registered Office Address:	r Florida street address
Ете	r riorida sireet adaress
	, Florida Zip Code
City	zip Couc
City New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Authorized Member				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
			Add	
			□ Remove	
			Add	
			☐ Remove	
			And Remove	
			Remove	
	- Marian - Santa		Add	
			☐ Remove	
			Add	
			Remove	

E. Effective date, if other than the date of filing:	D.	If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated March 29 2014 Signature of a member or authorized representative of a member KARINA GOLDENBERG			
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated March 29 2014 Signature of a member or authorized representative of a member KARINA GOLDENBERG			
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated March 29 2014 Signature of a member or authorized representative of a member KARINA GOLDENBERG			
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Signature of a member or authorized representative of a member KARINA GOLDENBERG	E.	The effective date must be specific, cannot be prior to date of receipt or file	(optional) ad date and cannot be more than 90 days after
Signature of a member or authorized representative of a member KARINA GOLDENBERG		Dated March 29 2014	
KARINA GOLDENBERG		19 Golden book	
KARINA GOLDENBERG		Signature of a member or author	ized representative of a member
		KARINA GOLDENBERG	Langua of circum

Page 3 of 3

Filing Fee: \$25.00