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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205

Phone : (305)416-6800

Fax Number

: (305)416-6811

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COVER LETTER

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erm me		EC INTERNATIONAL, LLC		
SUBJEC	.1:	Name of Lir	nited Liability Company	
The enclo	osed Anicles of	Amendment and fee(s) are su	bmitted for filing.	
Please ret	all correspo	ondence concerning this matte	to the following:	
		Jose M. de la O		
			Name of Person	
		AGI Registered Agents, I	nc.	
			Firm/Company	
		1000 Brickell Ave., Suite	300	
			Address	
		Miami, FL 33133		
			City/State and Zip Code	
		jose@agi-ra.com		
For furthe	r information c	E-mail address: concerning this matter, please o	(to be used for future annual report no all:	ufication)
Jose M. d	e la O		305 416-6800	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclased i	is a check for th	ne following amount:		
\$25.00	D Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssce, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassec, FL 3	enter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companiforida document number 114000046940	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	- 10 f
(Principal office address MUST BE A STREET ADDRESS)	2 5
	ν . _Ω
Enter new mailing address, if applicable:	<u>5</u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, enter the name of the new
New Registered Office Address:	
New Negration of the Audiess.	Enter Floridu street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreer or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chai	iging Registered Agent, Signature of New Registered Agent

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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	MANUEL ROBERTO GARCIA-TUARA	11740 SW 80 STREET, 3RD FLOC	
		MIAMI, FL 33183	■ Remove
			☐ Chânge
MGR ————	GUILLERMO RAMON GARCIA-	11740 SW 80 STREET, 3RD FLOC	□ Add
	Tunon	MIAM!, FL 33183	Remove
			Change
MGR	JUAN CARLOS MAS	11740 SW 80 STREET, 3RD FLOX	
		MIAMI, FL 33183	≅ Remove
			Change
		5.	Add (1)
			□ Remove ²
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ffective date, if other than the effective date is listed, the date is offer. If the date inserted in this occurrent's effective date on the	nust be specific and cannot be prio- block does not meet the appli- Department of State's records	r to date of filing or wore the cable statutory filing required	uirements, this date will r	not be listed as the
e record specifies a delay The 90th day after the re	ed effective date, but no ecord is filed.	ot an effective time	, at 12:01 a.m. on th	ne earlier of:
February 8	2018			
4	Edery	·		
	Signature of a member or auth	orized representative of a r	nember	

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Filing Fee: \$25.00