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| CHD IFCT. | Hallon Inte | rnational LLC | | | |
| SUBJE.CT. | | Name of Lim | nited Liability Cor | npany | |
| The enclose | d Articles of | Amendment and fee(s) are sub | omitted for filing | | |
| Please return | n all correspo | ndence concerning this matter | to the following | :: | |
| | | Sandra Hoshor | | | |
| | | | Name of I | Person | |
| | | S H Hoshor CPA LLC | | | |
| | | | Firm/Con | ipany | |
| | | 1035 S State Rd 7, Suite 3 | 113 | | |
| | | | Addre | is | |
| | | Wellington, FL 33414 | | | |
| | | | City/State and | Zip Code | |
| | | shoshor@comcast.net | to be used for fair | ire annual report notifi | untion |
| For further i | information c | oncerning this matter, please c | | are annual report nouti | Cattony |
| Sandra Hos | hor | | 561 | 434-1655 | |
| | Name o | f Person | Area | Code Daytime | Telephone Number |
| Enclosed is | a check for th | he following amount: | | | |
| □ \$25.00 l | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | | ling Fee & I Copy copy is enclosed) | ■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314 | \ | STREET/COURTE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323 | ntions |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hallon International LLC | | |
|--|---|-----------------------------------|
| (Name of the Limited Liability Cor (A Florida Limit | mpany as it now appears on our recited Liability Company) | ords.) |
| | any were filed on 06-20-14 | and 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "I | J.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 200 |
| (Principal office address MUST BE A STREET ADDRESS | 2 | |
| | | Blance: |
| | | |
| Enter new mailing address, if applicable: | | = 11 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | · • · · • |
| | | ords, enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street add | dress |
| | | Florida |
| | City | Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------------|-----------------------------------|--|
| MGR | Northeastern Foreign Trade & Vent | 200 South Biscayne Blvd Suite 177 | |
| | | Miami, FL 33131 | ■ Remove |
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| <u>Note:</u> If the date i document's effecti | other than the date of listed, the date must be spec- nserted in this block does we date on the Department fies a delayed effect | es not meet the applier ent of State's records. | able statutory filing r | equirements, this d | ate will not be lis | sted as |
| The 90th day | after the record is | filed. | | | | |
| Dated | 7-7-17 | , ——. | <u> </u> | | | |
| | 7-7-17 Paul | A. Fel. Lu | veigned response | 'a mambas | 281 FALL | |
| Paul A | Signatu | re of a member or autho | nizea representative of | a member | T JUL | ************************************** |
| | | Typed or printe | ed name of signee | | | |
| | | | | | A A | |

Filing Fee: \$25.00