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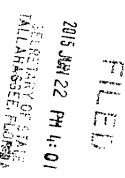
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
CITD H		al Investments Florida LLC		
SUBJI	vc1;	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ABRAHAM COHEN		
			Name of Person	
		International Investments I	Florida LLC	
			Firm/Company	_
		6538 Collins Ave, Suite #7	71	
			Address	
		Miami Beach FL 33141		
			City/State and Zip Code	
			ONALINVESTMENTSFLORIDA.C	
For fur	ther information o	oncerning this matter, please ca	to be used for future annual report notificall:	zauoni
		oncorning this matter, piease of		
Mr W	EISZ 		+1 7863029564 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

(Name of the Limited Liab	ility Company as it now appea	rs on our records.)			
(A Flor	ida Limited Liability Company)	<u> </u>			
The Articles of Organization for this Limited Liability	Company were filed on _09	9/23/2014	and ass	signed	
Florida document number L14000148617	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company h	ere:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the	designation "LLC" or the	abbreviation "L	.L.C."	
Enter new principal offices address, if applicable:	6538 Collins A	ve, Suite #71	٠, ٠	201	_
(Principal office address MUST BE A STREET ADI	ORESS) Miami Beach I	FL 33141	[] (C)]≥ (C)	الله الله الله الله الله الله الله الله	Ti
			20-	.≵: 	
			2000	2	Š
Enter new mailing address, if applicable:	6538 Collins A	ve, Suite #71		丑	1 1
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach I	FL 33141		- E	5a

B. If amending the registered agent and/or represented agent and/or the new registered office ac	0	n our records, ente	r the name	of the	e new
registered agent and/or the new registered office at	uuress nere.				
Name of New Registered Agent: AB	RAHAM COHEN				
New Registered Office Address: 653	88 Collins Ave, Suite #71				
	Enter Flo	orida street address			
Mia	ami Beach	, Florida 🤄	33141		
_	City	,	Zip Code		_
New Registered Agent's Signature, if changing Registe	ered 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
AMBR	BENJAMIN C HOREN	5784 ROYAL CLUB DRIVE	
		BOYNTON BEACH, FL 33437	Remove
			Change
MGR	ABRAHAM COHEN	6538 Collins Ave, Suite #71	≅ Add
		Miami Beach FL 33141	□ Remove
			TO Remove
			Add
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of force: If the date inserted in this block does not meet the applicable statute.	oning or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of
ated SUNDAY, 7 JUNE , 2015	
$\mathcal{I}(1)$	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00