

MAY/14/2015/THU 11:49 AM
5/14/2015

L15000015887

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALLIANCE NETWORK INT, LLC

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MAY/14/2015/THU 11:49 AM

FAX No.

P. 002/004

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALLIANCE NETWORK INT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/27/2015 and assigned
Florida document number L15000015887

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 "L.L.C."

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JUAN CAMILO GIRALDO

New Registered Office Address:

21305 NE 37 AVE STE #2407

Enter Florida street address

AVENTURA

City

Florida 33180

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CAMILO GIRALDO	21205 NE 37 AVE	<input type="checkbox"/> Add
		#2407	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
MGR	ALEJANDRO ALAMEDA	21205 NE 37 AVE	<input checked="" type="checkbox"/> Add
		#2407	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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P. 004/004

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TALLAHASSEE, FLORIDA

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15 MAY 14 PM 4:58
SEATTLE DISTRICT
ALLAN, SUSIE F. FLORIDA

Dated MAY 7th 2015

[Signature]

Signature of a member or authorized representative of a member

JUAN CAMILO GIRALDO

Typed or printed name of signer