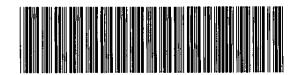
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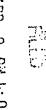
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K.SALY EXAMINER APR - 8 2015

COVER LETTER

Division of Corp	porations		
SUBJECT: <u>CA</u>	MELOT INTE	ETHINTIONIAL ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ROBER	Name of Person	<u> </u>
	CAMELO	T INTERMATI	ONDE LLC
	1900 SUN	SET HARBO	UR DRIVE, SUITE
	MIAMI B	EDCH TLODID City/State and Zip Code	A 33139
	PROCAMEL E-mail address: (1	OF @ AOC. COH.	ication)
For further information ed	oncerning this matter, please ca	all:	
Name of	TO RIVA	at (<u>951) 47-8</u> Area Code Daytime	-1544 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	S30.00 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

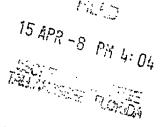
TO:

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



AMELOT IN	TERMATIONAL LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
(A)	Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on 9 FEB 2015 and assigned
Florida document number <u>L15000</u>	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	**************************************
(Mailing address MAY BE A POST OFFICE BO	<u></u>
R If umanding the registered egent and/on	magistanced office address and an activities of the
registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
*	Enter Florida street address
	, 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 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 = Ma AMBR = Au	inager ithorized Member		Danie
Title	Name	Address - (1900 SUNSET HARBOUT SOITE 1, MIAMI BEACH	Type of Action
MGR	MAURA THOMAS L	Address - 1900 SUNSET HARBOUG SOITE 1, MIAMI BEACH FLORIDA 33139	C Add
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Effective date, if other than the date of filing: APRIL ZOIS (optional)
Dated 6 APRIL , 2015.
Signification member or authorized representative of a member 1208 ERTOR RIVA

Page 3 of 3

Filing Fee: \$25.00