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COVER LETTER

. DIV	ision of Corp	orations		
SUBJECT:		NTERNATIONAL GROUP,	LLC	
50205011			ited Liability Company	
The analysed	1 Articles of A	amondment and fun(a) are sub-	united for filing	
The enerosed	Afficies of A	amendment and fee(s) are sub	milited for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		JOSEFINA GATTEI		
			Name of Person	
		EZEQUIEL FISCHER PA		
			Firm/Company	
1000 E HALLANDALE BEACH BLVD, SUITE 28				
			Address	
		HALLANDALE BEACH,	FLORIDA 33009	
		 ,	City/State and Zip Code	·
		assistantefischercpa@gmail		
		E-mail address: (to be used for future annual report notifi	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
JOSEFINA	GATTEI		305 527-3502 at ()	
	. Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

DREAMS INTERNATIONAL GROUP, LL	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
	Company were filed on 02/12/2015 and assigned
Florida document number L15000026587	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the ne
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	
Try registered office radiess.	Enter Florida street address
	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, 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	FISCHER, EZEQUIEL	1000 E HALLANDALE BEACH F	
		HALLANDALE BEACH, FL	■ Remove
		33009	☐ Change
MGR	JUAN P ROJAS	000 E HALLANDALE BEACH BI	≣ Add
		HALLANDALE BEACH, FL	☐ Remove
		33009	☐ Change
			
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rtive date, if other than the date of	f filing:	(optional)	ı
effective date is listed, the date must be spec	f filing:	nore than 90 days after filing	.) Pursuant to 605.0
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If the date inserted in this block does insert's effective date on the Departme ecord specifies a delayed effective 90th day after the record is December 21st Signatule	tive date, but not an effective filed. 2015 Re of a member or authorized representative	ve of a member	2115 DEC 2

Filing Fee: \$25.00