[SW3/8]

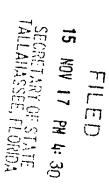
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S. YOUNG

COVER LETTER

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TO: Registration Se Division of Cor				
	N DEALS, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
		HECTOR F TABORDA		
	-	Name of Person		
	LAMADI	RID FINANCIAL SERVICES, CORI	,	
		Firm/Company		
	1	267 S PINE ISLAND RD		
		Address		SEC SEC
	1	PLANTATION, FL 33324		RET SE
	•	City/State and Zip Code		NOV 17 PN 4: 30 RETARY OF STATE LAHASSEE, PLORID
	E-mail address: (to be used for future annual report notific	cation)	PH F
For further information e	oncerning this matter, please c	all:		NIE 3
DIANA RAMIREZ		954 7279773 at ()		,
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corporat		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIAT	ION DEALS, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co- Florida document numberL15000043181	mpany were filed on	03/10/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :	
INTERNATIONAL	L DEALS, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	esignation "LLC" or the	abbreviation .L.C."
Enter new principal offices address, if applicable:			CRE T
(Principal office address MUST BE A STREET ADDRE	<u></u>		ASSERTED IN
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addressed agent and/or the new registered office addressed Name of New Registered Agent:		our records, <u>ente</u>	er the name of the n
N. D. (1. 1000 A11			
New Registered Office Address:	Enter Flori	ida street address	
		Fl:J.	
		. Florida	

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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FELIPE SANDOVAL	4300 NW 145TH ST #187	□ Add
	OPA LOCKA, FL 33064	■ Remove	
		·	Change
			Add
			Remove
			Change
			Add SH
	· · · · · · · · · · · · · · · · · · ·	Remove T ASSET Change	
			DN E 30
			☐ Remove
			□ Change
		☐ Remove	
		☐ Change	
	 .	Add	
			☐ Remove
			☐ Change

). If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		ED
(If an effe <u>Note:</u> I	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.	0207 (3) I as the
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 90 th day after the record is filed.	of:
Dated _	11-12-2015	
	1	
	Signature of a member on pull orized representative of a member	
	HECTOR A TABORDA	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00