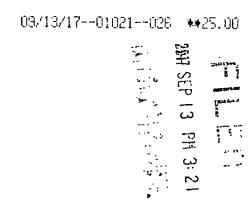
L 150000 47181

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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SEPT MARRIS

COVER LETTER

	Registration Sect Division of Corp			
		ONAL DEALS LLC		
SUBJECT:Name of Limited Liability Company				
The enck	osed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspon	dence concerning this matter t	o the following:	
		HECTOR F TABORDA		
			Name of Person	
		INTERNATIONAL DEAL	S LLC	
			Firm/Company	
		4300 NW 145TH ST #187		
			Address	
		OPA LOCKA, FL 33064		
			City/State and Zip Code	
		audits@aeroprofltda.com	o be used for future annual report notifica	1
				11011)
For furth	er information co	ncerning this matter, please ca	ıll:	
HECTO	R F TABORDA		01157 3202307424 at ()	dada Nasha
	Name of	Person	Area Code Daytime 16	etepnone Number
Enclosed	l is a check for the	following amount:		
\$25.0	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:

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

INTERNATIONAL DEALS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L15000043181}{L15000043181}$	any 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 limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC	
Enter new principal offices address, if applicable:	N/A	>
(Principal office address MUST BE A STREET ADDRESS	0	CO E
Enter new mailing address, if applicable:	N/A	· ့ ယ္ · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the new
Name of New Registered Agent: N/A		····
New Registered Office Address:	·	
	Enter Florida street addres:	,

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	FABIOLA BEJARANO	4300 NW 145TH ST #187	
		OPA LOCKA. FL 33064	☐ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add The
			Remove
			□c⊕hange
			□ Add
			☐ Remove
			☐ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_		
_		
_		
·		
(If an effec <u>Note:</u> If	e date, if other than the date of filing: (optional) tive 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. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	0207 (3)(b) d as the
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	r of:
Dated _	· <u> </u>	
	Hector Tabada Signature of a member or authorized representative of a member	Ž.,
	HECTOR F TABORDA	
	Typed or printed name of signee	7-10-10-10-10-10-10-10-10-10-10-10-10-10-
	ب ن پ ب Page 3 of 3	•

Filing Fee: \$25.00