Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205

Phone : (305)416-6800

Fax Number

: (305)416-6811

\*\*Enter the email address for this business entity to be used for future r annual report mailings. Enter only one email address please.\*\*

Email	Address:	<del></del>					
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLEIL INTERNATIONAL HOLDINGS GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	SOLEIL IN	TERNATIONAL HOLDINGS	GROUP LLC	
SUBJE	CT:	Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fec(s) are subn	sitted for filing.	
Please	return all correspot	ndence concerning this matter to	o the following:	
		Diane M. Hernandez		
			Name of Person	
		Adams Gallinar, P.A.		
		•	Firm/Company	<del></del>
		1000 Brickell Avenue, Su		
			Address	
		Mlami, FL 33131		
		dhernandez@agilaw.com	City/State and Zip Code	<del></del>
			o be used for future annual report notific	cation)
For fu	ther information c	oncerning this matter, please co	ili:	
Diani	e M. Hernandez		305 416-6800 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Fuclo	sed is a check for t	he following amount:		
	::5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$50.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Ruilding	1

P.O. Box 6327 Tallahassec, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ADAMS GALLINAR PA

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FIL	PAGE	03/05
'O AUG 1c		
SECRETARY OF TALLAHASSEE, I	<sup>17</sup> 5: 0	0
NOSEE, 1	LORIDA	•

			-1 <b>0</b> A.
SOLEIL INTER	NATIONAL HOL	DINGS GROUP LLC	<del></del>
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears on our reco lability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Li Florida document number L15000054631			and assigned
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
			The state of the s
The new name must be distinguishable and contain the v	vords "Limited Lisbi		LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1000 Brickell Avenue	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREE		Suite 300	
Trinipar Office and ess (1981)		Miaml, FL 33131	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)	Suite 300	
Matting dutress MAT BE A TOST OF THE		Miami, FL 33131	
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered o office address ber	ffice address on our reco	rds, enter the name of th
Name of New Registered Agent:	AGI Register	ed Agents, Inc.	
New Registered Office Address:	1000 Brickell	Avenue, Suite 300	
New Registered Office Hadress.		Enter Florida street ad	dress
	Mlami		Florida 33131
		Cuy	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

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Covenant Managers N.V.	Schottegatweg OOST 10 Unit A1K	
<del></del>		Willemstad, Curacao CU 10 NA	■ Remove
			Change
MGR	Invigo Worldwide Limited	3076 Sir Francis Drake's Highway	Add
		P.O. Box 3463 Road Town	☐ Remove
		Tortola, BVI	☐ Change
			Remove Ti
			SEE TORBUTA
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Effective d	late, if other than the date of filing:	A5 02
Make It Di	is the properties in this place acceptor incerting appringed to the contract of the contract o	sted
F. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannon Note: If the date inserted in this block does not meet the document's effective date on the Department of State's  If the record specifies a delayed effective date,  (b) The 90th day after the record is filed.	s effective date on the Department of State's records.	
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier
The 90t	th day after the record is filed.	
Δι	ugust 16 1 2018	
Dated		
	A le d'air	
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