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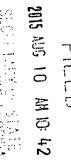
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor		. •	s de .
SUBJECT:	FB-5 IN Name of Lim	TERNATIONAL ited Liability Company	GROUP, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Many Sc	Atienza de	Gonzalez
		Firm/Company	
	6560	E. Rosers Ci	de
	Boca Ra	ton FL 3	3487
	lauren E-mail address: (City/State and Zip Code CS CO C M ON It to be used for future annual report not	→ COM ification)
For further information co	oncerning this matter, please ca	all:	di care
Lauren	Cohen	at (954) 914	3914
Name o	l Person	Area Code Daytin	ne 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	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	AL GROUP, LLC on our records.)	
The Articles of Organization for this Limited Liability Company were filed on O	$\frac{1}{07}$ 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	2:	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
(Principal office address MUST BE A STREET ADDRESS)	<u>254</u>	
Enter new mailing address, if applicable:	5 AUG 1	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		~~\ ~
	24 0 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_
B. If amending the registered agent and/or registered office address on exegistered agent and/or the new registered office address here:		w
Name of New Registered Agent:		
New Registered Office Address: Enter Florid	a street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		<u> </u>	☐ Change
MBR	MORETTI,	Maria V 3998 NW 23	ord ct DAdd
	r ·	MariaV 3998 NW 23 Boca Ration 1	-L 3343) ** ** Remove
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E 500	tive date, if other than the date of filing: 0713115 (optional)	
(If an ef Note:	tive date, if other than the date of filing: (optional) frective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	0207 (3)(b) ad as the
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	Tolu 31 2015	
Daico	al A Source	•
	Signature of a member of authorized representative of a member	
	Mary Sol Atienza de Gonzalez	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00