To,	- Page 1 of 4	2018-10-3019(40-21) (GMT) - 18155509948 From: JUAN ALBER
·		Florida Department of State Division of Corporations Electronic Filing Cover Sheet
:		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 : ALBER TAX ACCOUNTANT Account Number : I20150000098 Phone : (305)713-9142 Fax Number : (815)550-9948
		Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: <u>ACC.ALBER</u> <u>HotMAIL.COM</u>
1	91:19 W	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BARSAND INTERNATIONAL LLC
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Electronic Filing Menu Corporate Filing Menu

Help

2018-10-30 13:40 21 (GMT)

18155509948 From, JUAN ALBER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARSAND INTERNATIONAL LEC

(Name of the Limited Linbility Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/14/2015 ______ and assigned Florida document number 1.15000175302

This amendment is submitted to amend the following:

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Page 2 of 4

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A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company.	" the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	بنے ر بر ان
	1 A
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Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	(i)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
_	City	Florida Z:p 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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	BRACHO, CESAR E	9442 NW 120 ST	D Add
		# 422	🖬 Remove
		HIALEAH GARDENS, FL 33018	Change
AMBR	ROA, LUIS E.	9442 NW 120 ST	ي. مرب سر الله ال
		# 422	
		HIALEAH GARDENS, FL 33018	Change ک
			دَ: لد لله ات <u>ًا</u>
			Remove
			Change
			🛛 Add
			C Remove
			Change
			O Add
			D Remove
			Change
			🛛 Add
			Remove
			Change

То

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

OCTOBER 29 Dated_

2018

ater 12

Signature of a member of authorized representative of a number

ALBERTO E BARRIOS ZABALA

Typed or printed nume of signee

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Filing Fee: \$25.00