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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
		
☐ PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE		S INTERNATIONAL LLC		
SUBJE	.cr:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please	return all correspo	ndence concerning this matter	to the following:	
		ALVARO A ACEVEDO		
		-	Name of Person	
		ACEVEDO & ASSOCIAT	TES LLP	
			Firm/Company	
		1395 BRICKELL AVENU	JE 8TH FLOOR	
			Address	
		MIAMI / FLORIDA 3313	1	
			City/State and Zip Code	
		al@acevedoassociates.com		
			to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Alvaro	A Acevedo		305 2008686 at ()	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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

(Name of the Limited Lie	ability Campany as it now appears on our records	
(A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000185224	ty Company were filed on 10/30/2015 and a and a	ssigned
This amendment is submitted to amend the following	g:	
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:	:	
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>	0	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	registered office address on our records, enter the name address here:	e of the i
Name of New Registered Agent:	ECRET LLAHA	. · ·
New Registered Office Address:	17 (\$\$)	Maria.
	Enter Florida street address	सी विभागकात्रः इ.स. १९७०:१५
	City Zip Cod	e
New Registered Agent's Signature, if changing Regist	tered 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
MGMR	D'OREY GONÀALVES. TIAGO	601 BRICKELL KEY	
		MIAMI, FL. 33131	■ Remove
			Change
MGR	MORENO VALLACORBA BARE	601 BRICKELL KEY SUITE 700	Add
		MIAMI, FL, 33131	Remove
			■ Change
			Add
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Effective date, if othe	r than the date of fili the date must be specific a	ng:	nto data of Glina		(optional)	-	(05 0303
Note: If the date insert	ed in this block does not the on the Department of	t meet the appli	cable statutory	filing requireme	nts, this date will	not be	listed as
e record specifies The 90th day afte	a delayed effective er the record is filed	date, but no	ot an effecti	ve time, at 12	2:01 a.m. on	the ea	rlier of
the both day after	and record is med	••					
Dated DECEM	13FR 14	2015	- /:				
/ J C J/							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00