

**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.

(((H15000273048 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Fax Number

: (307)200-2803 : (855)330-1010

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

Email	Address:		
-------	----------	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHARISMA INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 1 7 2015

Y SULKER

Electronic Filing Menu Corporate Filing Menu

Help

L15000188386

### 41.5000188386

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

(Name of the Limi	(A Florida Limited	ny as it new appears on our recepts.) Liability Company)			
The Articles of Organization for this Limited Li-	iability Company	were filed on November 6, 2	2015 an	d assign	ed
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited linb	ility company here:			
	3 40 4 4 2 4 8	DV 23			<del>.,,</del>
he new name must be distinguishable and end with the		nitry Company," the designation "LLC" (	or the abbrevial	ion iL.	
inter new principal offices address, if applic		301 Audubon Drive			
Principal office address MUST BE A STREET ADDRESS)		Melbourne, FL 32901			
			<del> </del>	······	
Inter new mailing address, if applicable:				••/	
Mailine address MAY BE A POST OFFICE	BOX)			324	35
Mailing address MAY BE A POST OFFICE	BOX)				15 X
Mailing oddress MAY BE A POST OFFICE	<u>: BOX)</u>			TANK TANK	15 NOV
3. If ameading the registered agent and	t/or registered o	ffice address on our records, j	rator the na		NO N
3. If ameading the registered agent and	t/or registered o	ffice address on our records, 9	enter the or		₩ Ene
i. If amending the registered agent and egistered agent and/or the new registered o	t/or registered o	ffice address on our records, p	entor the ni		NO V ON AM
3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	Vor registered o office address her Northwest	<b>:</b> :	enter the or		NOV HAR ON O
B. If amending the registered agent and registered agent and/or the new registered o	Vor registered o office address her Northwest	s: Registered Agent LLC	enter the no		NOV AH SO
registered agent and/or the new registered on New Registered Agent:	Vor registered o office address her Northwest	Registered Agent LLC  ocky Point Dr. STE 150A  Euter Florida speet address	cater the ac		NOV HAR ON O

#### 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

SN

LI 5000188386

## L15000188386

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	Name	Address	Type of Action
MGR	Stefania Muggianu	301 Audubon Drive	■ Add
		Melbourne, Ft. 32901	☐ Remove
		\	
			D Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	C Remove
	٠.		15 NOV
			SSEL OF SE
			M 9: 02
<del></del>			
			☐ Remove
			C: Add
		·	□ Remove

Page 2 of 3

m

L15000188386

# L15000188386

ameading any other information	n, enter change(s) here: (Attach additional s	heets, if necessary.)	
,			
di ana ana ana ana ana ana ana ana ana an			
Flective date, if other than the da se effective date must be specific, common h se date this document is filed by the Florid	e prior to date of receipt or filed date and cannot be mo-	(optional) re than 90 days after	
November 13	2015		
Sic	Stefania Anglianu	nember	
	Stefania Muggianu		
1, 1/16 1, UTV 101	Typed or printed name of signee	7.	15 NOV
		TO THE STATE OF TH	916
		(L) (K)	· · · · · · · · · · · · · · · · · · ·
		•	ي ي

Page 3 of 3

Filing Fee: \$25.00

L15000188386