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SECRE LAKE OF STATE ON DIVISION OF CORPORATIONS

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COVER LETTER

		stration Sect sion of Corpo							
SUBJECT	ı·.	Intercorp MS	, LLC						
SUBJECT		: Name of Limited Liability Company							
The enclos	sed	Articles of A	mendment and fee(s) are sub-	mitted for filing.					
Please retu	ırn :	all correspond	dence concerning this matter	to the following:					
			Fernando Blasí						
				Name of Person	· •··• •				
				Firm/Company					
			8333 NW 53rd Street Suite	÷#401					
			Doral, FL 33166						
	dalila.fernandes@intercorpms.com E-mail address: (to be used for future annual report notification)								
For further	r int	formation con	ncerning this matter, please ca		(Mileanon)				
Fernando Blasi				305 517-5633					
		Name of F	Person	Area Code Day	time Telephone Number				
Enclosed i	is a	check for the	following amount:						
\$25,00) Fi	ling 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

Intercorp MS, LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited I	Liability Company	y were filed on April 28, 2018	and assigned
Florida document number CC1803267018	 .		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ifity Company," the designation "Ll.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREA	ET ADDRESS)		&
Enter new mailing address, if applicable:		N/A	L 16
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		••	RP09
			3 S
			√
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the nev
Name of New Registered Agent:	N/A	<u>.</u>	
New Registered Office Address:	N/A		
		Enter Florida street addr	ess
		, F	Gorida
		City	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

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
MGR	Luis E. Perna	8333 NW 53 Street #401 Doral, FL	
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fective date, if other than the in effective date is listed, the date mus	date of filir	ng: nd cannot be n	rior to date of	filing or more (op han 90 days at	i tional) ter filing, i Pi	ursuant to	605.020
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ocument's effective date on the D	partment of	State's reco	rus.					
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July 13		2018	A .					
		and	0 01					
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	Signature of a							

Page 3 of 3

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