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| (Re                                     | questor's Name)  |             |  |
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FEB 25 2016 J. HARRIS

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|                             |                                   | modificación por especial apropriate or alla final appendix or or | COVER LETTER  | dervisi and the side of the control of the second of the s |
|                             | tion Section<br>of Corporati      | ons   | 1.17 (00)70.0   |  |
| SUBJECT:                    | 3mart                             |   | ernational LLC  | · · · · · · · · · · · · · · · · · · ·  |
| The enclosed Arti           | cles of Amen                      | dment and fee(s) are sub-   | mitted for filing.  | •  |
| Please return all c         | orrespondenc                      | e concerning this matter  | to the following:   |  |
|                             | ,                                 | Gwen Y  | B. Moove  Name of Person  |  |
|                             |                                   |   | Name of Person  |  |
|                             |                                   | Larry P   | pwers CPA PLLC Firm/Company   | ·  |
| enggangt<br>Palatiklan (22) | nt chemice <u>nsis</u><br>See See | ,ii,*   | Firm/Company  |  |
| , ,,,,,,,                   |                                   |   | 4662  |  |
|                             |                                   |   | Address Address   | <del></del>  |
|                             |                                   | Mooresv   | City/State and Zip Code   | 662  |
|                             |                                   | <u> </u>  | City/State and Zip Code   |  |
|                             |                                   | Email address: (1   | larry powers cpa  | cation)  |
| For further inform          | nation concerr                    | ing this matter, please ca  | all:  |  |
| Gun                         | en B.                             | Mouve   | at (704) 799 - 3  | 3058   |
|                             | Name of Perso                     | n   | Area Code Daytime   | Telephone Number   |
|                             |                                   |   |   |  |
| Enclosed is a chec          |                                   | owing amount:   |   |  |
| \$25.00 Filing              | Fee □ S                           | 330.00 Filing Fee &<br>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:

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

|  | ternational                                    |   |
|--|--|---|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   | y as it now appears on ou<br>lability Company) | ır records.)  |
| The Articles of Organization for this Limited Liability Company value of C | were filed on12_1                              | 21/2015 and assigned  |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited liabil  | lity company here:                             |   |
| The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Cont | ty Company," the designat                      | ion "LLC" or the abbreviation "L.L.C."                                    |
| Enter new principal offices address, if applicable:  |  | SEC SEC   |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 2 N   |
| Enter new mailing address, if applicable:  |  | SEE                                   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here   |  | records, enter the name of the new  |
| Name of New Registered Agent:  | <u></u>  |   |
| New Registered Office Address:   | Enter Florida stre                             | vet address   |
|  | , Florida                                      |   |
|  | City   | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |   |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as po-<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change.   | performance of my di<br>rovided for in Chapte  | uties, and I am familiar with and<br>er 605, F.S. Or, if this document is |

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          | Victor Harberson | 3318 King 5 Avenue<br>Brandon, FL 33511 |                    |
|              |                  | Brandon, FL 33511                       | Remove             |
|              |                  | ·                                       | □ Change           |
|              |                  |   | Add                |
|              |                  |   | □ Remove           |
|              |                  |   | Change             |
|              |                  |   | Add                |
|              |                  |   | Remove             |
|              |                  |   | Change             |
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|              |                  |   | Change             |
|              |                  |   | TALL ALLASSE OF AM |
|              |                  |   | Change C           |
|              |                  |   | □ Add              |
|              |                  |   | □ Change           |

| D. If ar               | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |                |
|------------------------|---|----------------|
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|                        |   |                |
| (If an<br><u>Not</u> e | tive date, if other than the date of filing:  (optional)  ffective 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 605.0207 and I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records. | (3)(b)<br>the  |
|                        | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.  | :              |
| Date                   | Signature of a member or authorized representative of a member  | annah<br>Annah |
|                        | Roy Williams Typed or printed name of signee  | 7              |
|                        | Typed or printed name of signee   | (School)       |

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