

(Re	questor's Name)	
(Ada	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO:	Registration So Division of Cor			
CUN		l Holdings International, LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ondence concerning this matter	to the following:	
		Grace D Solis		
			Name of Person	
Providential Holdings International, LLC				
			Firm/Company	
		730 86th Street		
			Address	
		Miami Beach, FL 33141		
			City/State and Zip Code	
		queens232592@bellsouth.n	et to be used for future annual report noti	Figure 1
For f	urther information c	oncerning this matter, please ca		reductify
Grac	ee D Solis		954- 588-8214 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Encl	osed is a check for th	ne following amount:		
	\$25.00 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:

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

Providential Holdings International, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.16000034900		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	<u>. 4</u>
The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words of the new name must be distinguishable and contain the new name must be distinguishable and the new name must be distinguishab	ity Company," the designation "LLC" or	the abbreviation Th.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		69
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	_	nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Flovida street address	· · · · · ·
	Florid	
	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 amonding Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Grace D Solis	730 86th Street, Miami Beach, FL 1	
			□ Remove
			☐ Change
		Add	
		☐ Remove	
		☐ Change	
		Add ~~	
		Remove -;	
			20 Change
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		□ Remove	
			☐ Change
			Add
			Remove
			☐ Change

If amending any other	information, ento	er change(s) here	e: (Attach addition	al sheets, if necess	ary.)
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					The Co
Effective date, if other (If an effective date is listed, if Note: If the date inserted document's effective date	ne date must be specifi in this block does i	ic and cannot be prior not meet the applic	able statutory filing r	(option e than 90 days after fil requirements, this d	ing.) Pursuant to 605,020 <mark>7</mark> (3
the record specifies a) The 90th day after			t an effective tin	ne, at 12:01 a.r	n. on the earlier of:
December 18 Dated		2017			
	Gran C				
	Signature	of a member or autho	orized representative of	a member	
	$U \wedge$	$\sim 01.$			

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Filing Fee: \$25.00