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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BITI INTERNATIONAL L.L.C.

Certificate of Status	0
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S Warren AUG 2 5 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BITI INTERNATIONAL L.L.C.

(Name of the Limited Liability Company as it non appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/06/2016}{1.1000048742}$ and assigned Florida document number $\frac{116000048742}{1.1000048742}$

This amendment is submitted to amend the following:

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 "LLC,"

Euter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14060 SW 8TH STREET

MIAMI, FL 33184

Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX) 14060 SW 8TH STREET

MIAMI, FL 33184

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	ANGELA R. ESPITIA	
New Registered Office Address:	5567 NW 113 AVE	
<u></u>	Enter Flo	orida street address
	DORAL	_, Florida ³³¹⁷⁸
	City	Zip Coda

New Registered Agent's Signature, if channing 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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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		DORAL, FL 33178	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)