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(Re	questor's Name)	
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K. SALY EXAMINER

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COVER LETTER

то:	Registration Section Division of Corpor			
SURJE	CT:EX6	ecutive Str	enghts International Company	onal LLE
The enc	losed Articles of Ame	endment and fee(s) are sub	bmitted for filing.	
Please r	eturn all corresponde	nce concerning this matter	r to the following:	
			Kim Huff Name of Person	
		Execu	tive Strengths II	nternational LLC
		60	910 Calvin Way	<u> </u>
		Wes	ley Chapel, FL City/State and Zip Code	<u> 33544</u>
	_		campbell @ verizon.	
For furt	her information conce	erning this matter, please of	call:	
	Name of Per	Campbell	at (813) 54 Area Code Daytime	1-1659 Telephone Number
Enclose	d is a check for the fo	ollowing 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

TO ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on _ L16000057026 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INTERNATIONAL LLC EXECUTIVE STRENGTHS The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Huff, Kim	6910 Calvin Way	Add
		6910 Calvin Way Wesley Chapel, FL	Remove
		33	544 Change
			Add
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(If an effective Note: If the	tate, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	Sept. 9, 2016
-	Sept. 9, 2016 These Campbell Signature of a member or authorized representative of a member
	signature of a memoer of authorized representative of a memoer
	Teresa Campbell
•	Typed or printed name of signee

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Filing Fee: \$25.00