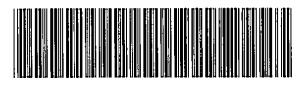
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		<b>(844</b>	ress)		
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Certified	Copies		Certificate	es of Statu	ມຣ
Specia	I Instructio	ns to F	iling Officer:		

Office Use Only



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7,2-11-18

Divi	ision of Corp	oorations			
SUBJECT:	Catues Inte	ernational Trust LLC			
SUBJECT.		'Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	an correspor	ndence concerning this matter	to the following:		
		Michael C. Mone			
			Name of Person		<del></del>
			Firm/Company		
		119 Klinesville Road			
			Address		<del></del>
		Flemington, NJ 08822			
		ر jmjmoe13@gmail.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual	report notification)	<del></del>
For further in	nformation co	ncerning this matter, please ca	all:		
Michael C. I	Mone		908 78: at ()	80037	
	Name of	Person	Area Code	Daytime Teleph	ione Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		2 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Catues International Trust LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u>r.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on 4/11/16	and assigned
Florida document number L16000070901		
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 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
		JUL T
Enter new mailing address, if applicable:		IASS
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		S2 83 C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records s here:	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S
	. Flo	orida _
	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	Naidoo, Koomarasen Nelson	Unit 13, 31-30 Diamond Bay Roa	Add
		Vaucluse 2030 UN	■ Remove
		Australia	☐ Change
			Add
			Remove
			Change
			Add
			Remove
			30 Add
			Bretriove Retriove
			Change
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			Remove
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Fffecti	ve date, if other than the date of filing:
Note:	ve date, if other than the date of filing:
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
Dated	July 24, 2018
	Nignature of a member or authorized representative of a member
	Michael C. Mone
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00