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COVER LETTER

Div	ision of Corp	oorations			
SUBJECT:	INTI HOLD	INGS, LLC			
SOBJECT.		Name of Limit	ted Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		Carlos X. Rodriguez, Esq.			
			Name of Person		
HALPERN RODRIGUEZ, LLP					TAS:
Firm/Company					多
800 DOUGLAS ROAD, #880					TASS.
			Address	i,	F. 9 2
CORAL GABLES, FL 33134					PY OF STATE.
City/State and Zip Code					DATE OF
		cxr@hrllplaw.com	1000		•
		·	o be used for future annual report notifi	cation)	
For further in	nformation co	ncerning this matter, please ca	11:		
Roger M. Po	merance		561 998-8047 at ()		
	Name of	Person		Telephone 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 enclosed)	Certified (e of Status &

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

INTI HOLDINGS, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000079776	y were filed on April 22, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	the abbreviation "LaL.C."
Enter new principal offices address, if applicable:		ES E
(Principal office address MUST BE A STREET ADDRESS)		N - I FO
Enter new mailing address, if applicable:		LORA
(Mailing address MAY BE A POST OFFICE BOX)		Ş 6
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a Zip Code
Naw Degistered Agent's Signature if changing Degistered Agent		Dip 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>	Name	Address	Type of Action
AMBR	FEC Services, LLC	1900 NW CORPORATE BLVD	
		STE 201E, E BLDG	■ Remove
		BOCA RATON, FL 33431	□ Change
AMBR	Fisher Island Drive Unit 3403 LP	C/O 1111 BRICKELL AVENUE	■ Add
		SUITE 1700 (RFH)	□ Remove
		MIAMI, FL 33131	☐ Change
			□ Add
		 	☐ Remove
			□ Change
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cumer	nt's effective date	on the Departr	nent of Stat	e's records.				PST =
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Filing Fee: \$25.00