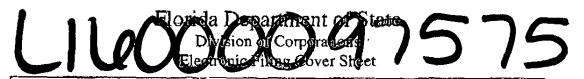
7/25/2016

Division of Corporations



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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. \*\*

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Troopon International LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our re cd Liability Company)	ords.
The Articles of Organization for this Limited Liability Comps	any were filed on 05/20/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		70
	·	
	•	The second secon
Enter new mailing address, if applicable:		25 OI 100
(Mailing address MAY BE A POST OFFICE BOX)		nci 🖭 📆
	·	
		25 25
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our rec nere:	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	idress
		, Florida
	Clry	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>	Name	<u>Address</u>	Type of Action
MGR	venegas abensur, mónica j	1221 BRICKELL AVENUE	☐ Add
	•	SUITE 900	_ ■ Remove
		MIAMI, FL 33131	Change
MGR	LUIS AGRAMUNT	1221 BRICKELL AVENUE	<b>■</b> Add
		SUITE 900	☐ Remove
		MIAMI, FL 33131	□ Change
			□ Remove
			☐ Change
			Remove
			Accominge
			TED Remove
			Change
			☐ Remove
			Change

amending any other information, en	41.41.B4(4) (1.41	, ,
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ffective date, if other than the date of an effective date is listed, the date must be spe	of filing:(or cific and cannot be prior to date of filing or more than 90 days a	ptional) ofter filing.) Pursuant to 605,0207
Note: If the date inserted in this block do locument's effective date on the Department	es not meet the applicable statutory filing requirements,	this date will not be listed as
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e record specifies a delayed effective 90th day after the record is	ctive date, but not an effective time, at 12:0 ifiled.	a,m. on the earlier of
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e record specifies a delayed effective 90th day after the record is Dated Iuly 25th Signature	2016  2016  ure of a member or authorized representative of a member fact	16 JUL 25 AM SECRETARICUF