Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To

Division of Corporations

Fax Number

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Fram:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone

; (407)932-0040

Fax Number

: (407)520-5473

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTMENT INTERNATIONAL GROUP US LLC

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Corporate Filing Menu

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| TO: Registration Soc Division of Corp | tion orations | | |
| SUBJECT: | INVESTME | MNT INTERNATIONAL | L GROUP LLC |
| | Name of 1 | Limited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are | submitted for filing. | |
| Please return all correspond | dence concerning this mat | ter to the following: | |
| | 1 | IVAN R. MATHEW | <i>'</i> 'S |
| | | Name of Person | |
| | INVES | TMENT INTERNATION | IAL GROUP LLC |
| | | Firm/Company | |
| | 110 |) MIRANDA LANE, SU | ITE B |
| * | | Address | |
| | ; ; ; | KISSIMMBE, FL 3474 | 1 - |
| | | City/State and Zip Co. | e |
| | 1 | O@INVESTMENTINTO | |
| | <u>'</u> | s: (to be used for future anni | al report notification) - |
| For further information cor | cerning this matter, pleas | e call: | |
| IVAN R. M | ATHEWS | at () | |
| Name of F | erson | Area Code | Daytime Telephone Number |
| Enclosed is a check for the | following amount: | | |
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| Rogistrati Division P.O. Box | G ADDRESS: ion Section of Corporations 6327 cc, FL 32314 | Rogist Divisio Cliflor 2661 I | FT/COURIER ADDRESS: retion Section on of Corporations a Building Executive Center Circle assee, FL 32301 |

4045205473 To: 8506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | INVE | STMEN INTERNATION | LL GROU | PLLC |
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| | (Name of the Limi | ted Liability Company as it (A Florida Limited Liability | now appea | rs on our records.) |
| -141 | i | (A Florida Limited Liability | Сотрипу) | • |
| The Articles of Organiza | stion for this Limited L | iability Company were f | led on | 05/24/2016 and assigned |
| Florida document numb | erL16000101693 | | ! | |
| This amendment is subn | nitted to amend the foll | owing: | | |
| A. If amonding name, | enter the new name o | f the limited liability co | m <u>pany h</u> | ere: |
| | 1 | ! : | | |
| The new name must be distin | guishable and contain the v | vords "Limited Liability Com | pany," the c | designation "L.LC" or the abbreviation "L.L.C." |
| Enter new principal of | ices address, if applic | able: | <u></u> | |
| (Principal office address | MUST BE A STREE | T ADDRESS) | <u> </u> | |
| · | | | | |
| | : | | | |
| Enter new mailing add | ress, if applicable: | | | |
| (Mailing address MAY | BE A POST OFFICE | BOX) | <u> </u> | |
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| B. If amending the registered agent and/or | | | diress on | our records, enter the name of the nev |
| Name of New 1 | Registered Agent: | | | |
| New Registered | d Office Address: | , | | |
| | | | Enter Flor | ida street address: |
| | | : | | T012-1- |
| | | Cir | | , Florida |
| New Registered Agent's | ` Signature, if changing I | · . | | <u></u> |
| I hereby accept the app provisions of all statute accept the obligations (| ocintment as registere es relative to the prop of my position as regi ficct a change in the | d agent and agree to a er and complete perfor stered agent as provide registered office addres change. | mance of ed for in C ss, I hereb | capacity. I further agree to comply with the my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is by confirm that the limited liability |
| ŧ | ; | If Changing Re | gistered Ag | ent, Signature of New Registered Agent |

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