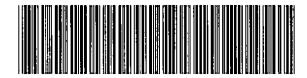
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SECRETARY OF SIGHE DIVISION OF CORPORATION

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COVER LETTER

то:	Registration Se Division of Cor				
		TERNATIONAL LLC			
SUBJECT: Name of Limited Liability Company					
		Amendment and fee(s) are sub			
		Joaquim Pereira			
			Name of Person		
		MÖVIL INTERNATIONA	AL LLC		
			Firm/Company		
		7500 NW 25th ST Suite 2	37		
			Address	 	
		Doral, FL 33122			
		info@jcbsolutionsinc.net	City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For furt	her information c	concerning this matter, please of	all:		
Javier I	Bolanos		786 393-8677 at ()		
	Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclose	d is a check for th	he following 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

TO:

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

MOVIL INTERNATIONAL LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited L		were filed on 06/	08/2016	and assigned
Torida document number L16000111104	 ,			
his amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	nter new principal offices address, if applicable:		ST Suite 237	
Principal office address MUST BE A STREI		Doral, FL 33122	2	SECR DIVISION 18 AU
				AUS
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		7500 NW 25th S	ST Suite 237	CF CORPU
		Doral, FL 33122	2	38 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				<u> </u>
3. If amending the registered agent and egistered agent and/or the new registered of	••		our records, enter t	the name of the ne
Name of New Registered Agent:	JC Business Solutions Inc			
New Registered Office Address:	7500 NW 25th	ST Suite 237		
		Enter Flor	ida street address	
	Doral	· · · · · · · · · · · · · · · · · · ·	, Florida <u></u>	22
		Cay		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, Signatury on New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
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			Change
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