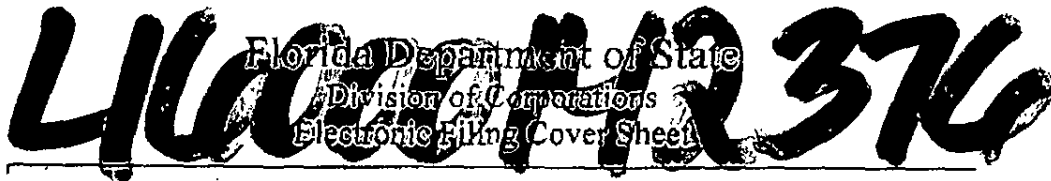


Division of Corporations

Page 1 of 2



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000285136 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954) 389-1333  
Fax Number : (954) 389-1397

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2016 NOV 18 PM 12:35  
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TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INTERNATIONAL INVESTMENT SERVICES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

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Help

D. BRUCE  
NOV 21 2016

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INTERNATIONAL INVESTMENT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/2/16 and assigned  
Florida document number L16000142376.

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 ADDRESS**)

323 SUNNY ISLES BLVD.

SUITE 504

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

323 SUNNY ISLES BLVD.

SUITE 504

SUNNY ISLES BEACH, FL 33160

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

323 SUNNY ISLES BLVD., SUITE 504

Enter Florida street address

SUNNY ISLES BEACH

City

Florida 33160

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2016 NOV 1 P 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDRESS FOR THE AMBR EVELYN VALDEZ CHANGES TO:

321 SUNNY ISLES BLVD., SUITE 304, SUNNY ISLES BEACH, FL 33160

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

2016 NOV 18 P 12:35

FILED

Effective date of filing: \_\_\_\_\_ (optional)

(If the effective date is not specified, the filing will be effective on the date of filing or more than 90 days after filing.) Pursuant to R.S. 2207 (3)(b), if the filing does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.

Effective date of filing: \_\_\_\_\_, but not an effective time, at 12:01 a.m. on the earlier of:  
the date of filing or the date of filing.

\_\_\_\_\_  
Member of authorized representative of a member

EVELYN VALDEZ

Member of authorized representative of a member