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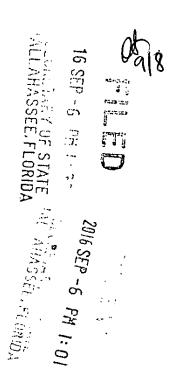
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COVER LETTER

Division of Cor	porations		
GUIDE IN	TERNATIONAL LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter t	to the following:	
		•	
	SANDRA C ROJAS		
	-	Name of Person	
	GUIDE INTERNATIONA	L LLC	
		Firm/Company	
•	8917 NW 102 COURT		
		Address	
•	DORAL FL 33178		
		City/State and Zip Code	-
	sandra@ateaccounting.com		
	E-mail address: (6	o be used for future annual report notific	ation)
For further information e	oncerning this matter, please ca	11:	
SANDRA ROJAS		786 253 9222	
Name of Person at ()			
Enclosed is a check for th	ne 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:

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

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(A Florida Limited Liability Compa	my)
Liability Company were filed or	n and assigned
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words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
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d/or registered office address office address here: LUZ A GUARRASI	on our records, enter the name of the ne
9017 NW 102 COURT	
	Florida street address
DORAL	, Florida 33178
	, FIOTIUA
	Liability Company as it now as (A Florida Limited Liability Company Liability Company Were filed or company). Liability Company Were filed or company. Control of the limited liability company. Company.

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

Page 1 of 3

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>	Address	Type of Action			
MGR	SANDRA C ROJAS	8917 NW 102 COURT	Add			
		DORAL, FL 33178	■ Remove			
		·	☐ Change			
MGR	DIANA C TORO	8917 NW 102 COURT				
•		DORAL, FL 33178	□ Remove			
			Change			
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	·		Remove			
			□ Change			
•			Remove			
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Effective date If an effective da <u>Note:</u> If the di document's eff	te is listed, the c ate inserted in	late must be spe this block do	of filing: ecific and ca es not me	annot be price et the appl	or to date of f		ian 90 days		g.) Pursuant (
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Page 3 of 3

Filing Fee: \$25.00