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K. SALY NOV - 3 2016

COVER LETTER

Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LOGISLICA KYAUS Name of Person
TANGEY L. C.
75 NE 44Th ST SUITE 4B
Dakland Park FL 33334 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelica knass at (954) 934-9040 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

	TLED
TALLAHASSE	YOFSTAR
	L. FLORIDA

(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 Florida document number 6000170166 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INTERNATIONAL 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

Florida

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 **Type of Action** Title <u>Name</u> <u>Address</u> LOGELICA Kraus 5110 NE 17TH AUG PORT LAUDERDALE FL 33334 ☐ Remove ☐ Change .□ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change

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an effec ote: I	ve date, if other than the date of filing:	
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of
ited_	October 28, 2016. Anguer Signature of a member or authorized representative of a member Anguer Knaus Typed or printed name of signee	
	Di- Marine	

Page 3 of 3

Filing Fee: \$25.00