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## COVER LETTER

	egistration Sec ivision of Corp			
		ternacionales, LLC		
SUBJECT	:	Name of Limit	d Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subm	tted for filing.	
Please retu	rn all correspor	ndence concerning this matter t	the following:	
		Randy Diaz		
			Name of Person	
			Firm/Company	<del></del>
		11870 Hialeah Gardens Dri	e, Unit 1 <b>2</b> 9B, #104	
			Alidress	
		Hialeah Gardens, Florida 3		
			City/State and Zip Code	
		RDiaz@agencias-internacio		
		E-mail address: ()	be used for future annual report notification)	
For further	information co	oncerning this matter, please ca	:	
Lucas Prat	l		at ( 786 256-3797	
	Name of	Person	Area Code Daytime Telephone	Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, Pertificate of Status & Pertified Copy additional copy is enclosed)
	Registr Divisio P.O. Bo	SNG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Agencias Internacionales, LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compant Florida document number 116000177661  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability Compant is submitted to amend the following:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C." 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)	1. 5.2 P.1. H: 24
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

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>	Type of Action
MGRM	Alejandro Abarca Ramirez	3030 N. Rocky Point Drive	□ Add
		Suite 150A	
			Remove
		Tampa, Florida 33607	□ Change
MGRM	Randy Diaz	11870 Hialeah Gardens Boulevard	
			<b>=</b> Add
		Unit 129B, #104	□ Remove
		Hialeah, Florida 33018	
			Change
			□ Add
			<del></del>
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Randy I	Diaz							
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Filing Fee: \$25.00