L17000006889

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Lim	ited Liability Company			
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
lease return all correspo	ondence concerning this matter	to the following:			
	RANNELL HERNANDE	Z. Name of Person	·····		
		Name Of Classifi			
	INTERNATIONAL TECH	INOLOGY ENTREPRENEURS L Firm/Company	.I.C		
	9760 W Daffodil Ln				
		Address			
	MIRAMAR, FL. 33025	47.00	······		
	tesorerialTE@grupoxdv.c	City/State and Zip Code om			
	E-mail address: (to be used for future annual report noti	fication)		
or further information o	oncerning this matter, please c	all:			
alvador Alexander Fia	ndaca	at (786) 630-5191			
Name o	t Person	Area Code Daytim	e Telephone Number		
closed is a check for the	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 Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL TECHNOLOGY ENTREPRENEURS LLC

any has been notified in writing of this change.

(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 01/11/2017 ______ and assigned Florida document number L17000006889 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 "L1.C" or the abbreviation "L.L.C." 9760 W Daffodil Ln Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIRAMAR, FL. 33025 9760 W Daffodil Ln Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) MIRAMAR, FL. 33025 . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Registered Agent's Signature, if changing Registered Agent: eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 71 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Address	Type of Action
MGR	Salvador Alexander Fiandaca	9760 W Daffodil Ln	≅Add
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an effective date is listed.	the date must be spec	ific and cannot be	prior to date of fili	ng or more than 90 da	ys after filing.) Pur	
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record specifies a delay	ed effective date.	aut not an effecti	ve time at 12:01	a m. on the earlier	of (b) The 90	th day after the
l is filed.	ed effective diffe, t	our not all careen	** (iii.e. at 15.0)	u.m. on the carrier	01. (b) The 30	in day arter til
ated DECEMBER 17,		2020				
		(
	Signatu	re of a member or	anthorized represe	ntative of a member		