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(Re	questor's Name)	
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cup te e		/ INTERNATIONAL GROUP	LLC			
SUBJEC	I:	Name of Lim	ited Lisbility Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	um all correspo	ondence concerning this matter	to the following:			
		GILVAM F DOS SANTO	S			
			Name of Person			
		GFS TAX & ACCOUNTIN	NG SERVICES			
			Firm/Company			
		2001 W CYPRESS CREEK RD STE 102 B				
			Address			
		FT LAUDERDALE FL 33	309			
		INFO@GFSTAXACCT.CC	City/State and Zip Code OM			
		E-mail address: (to be used for future annual report not	ification)		
For furthe	r information c	oncerning this matter, please ca	all:			
GILVAM DOS SANTOS			954 9573244 at ()			
<u></u>	Name o	f Person		ne Telephone Number		
Enclosed	is a check for th	ne following amount:	•			
\$25.0	0 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: 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

OPENWAY INTERNATIONAL GROUP L		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our real Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number L17000030474	Company were filed on 02/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7:25
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our red lress here:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	address
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:		_, Florida
	City	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>	Type of Action
MGR	EDNALDO E FRANCO	608 NE 193RD ST MIAMI FL 33179	Add
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			D Add
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