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COVER LETTER

TO:	Registration S Division of Co				
SUBJEC	INTERNA	TIONAL TALKS, LLC			
SOBJEC	~ 1 i	Name of Lim	ited Liability Company		
The enci	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all corresp	ondence concerning this matter	to the following:		
		Ronald Keith Lawn, Esqui	ire		
			Name of Person		
		Collins, Brown, Barkett, C	iaravaglia & Lawn, Chartered		
			Firm/Company		
		756 Beachland Blvd.			
			Address		
		Vero Beach, FL 32963			75 T
		rlawn@verolaw.com	City/State and Zip Code		FILED MA-2 PA
		E-mail address; (to be used for future annual report notif	ication)	路で面
For furth	er information of	concerning this matter, please co	all:		
Ronald I	Keith Lawn, Esc	quire	772 231-4343		3 28 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for t	he following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

INTERNATIONAL TALKS, LLC (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 February 10, 2017 and assigned Florida document number _____L17000033487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JAMES W. COOKE ENTERPRISES, LLC 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 Florida

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.

City

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
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fan effective date <u>Note:</u> If the dat	, if other than the da e is listed, the date must be te inserted in this block ective date on the Depa	specific and cannot does not meet the	be prior to date of f applicable statut	ling or more than 90 ory filing requirem	_ (optional) days after filing.) Pur ents, this date will	suant to-605.0207
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Filing Fee: \$25.00