117000131320

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	<u> </u>
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



600301753136

09/05/17--01004--010 **35.00

17 SEP -5 AM IO: 48

O STIVITIONS SEP - 6 2017

COVER LETTER

TO: Registration S Division of Co								
SUBJECT:		TERNATIONAL LLC						
30BJEC1:		ited Liability Company						
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.						
Please return all correspondent	ondence concerning this matter	to the following:						
	MARIA DE	L CARMEN CORNEJO QUIROZ						
		Name of Person						
	AC	IL INTERNATIONAL LLC						
	 	Firm/Company						
		929 SW 122ND AVE						
		Address						
		MIAMI FL 33184						
		City/State and Zip Code						
		@AMTAXSERV.COM						
	E-mail address: (to be used for future annual report notif	ication)					
For further information of	concerning this matter, please ca	all:						
MARIA DEL CARMEI	N CORNEJO QUIROZ	267 271-6747 at ()						
Name o	of Person	Area Code Daytime	Telephone Number					
Enclosed is a check for t	he 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 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

ACIL I	NTERNATIONAL LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number L17000131320	Company were filed on	06/15/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the de	signation "LLC" or the a	
Enter new principal offices address, if applicable:			SE T
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			S M IO: 10
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, 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	FELIPE A SERRANO SOLAR	DR M BARROS BORGONO 225	
		PROVIDENCIA, SANTIAGO	■ Remove
		CHILE	Change
MGR	MARIA DEL CARMEN CORNEJO	LOS REFUGIOS 17770	■ Add
		LOBANECHEA, SANTIAGO	□ Remove
		CHILE	☐ Change
			Add SE Properties of the Add Add Add Add Add Add Add Add Add Ad
			Remove
			Change
			Add
			Remove
			☐ Change
		-	
			□ Remove
			Change

		• "								
				_						
		·								
	· · ·	· · · · · · · · · · · · · · · · · · ·								
										重
									Otsti	AT SEP -5 AH 10: 48
									7	
	•									<u>्</u>
		*** * * *								COSI CONTION
										
					08/01/20	017				
effective of	te, if other that late is listed, the d	ate must be spec	ific and can	not be prior to	date of fil	ing or more	than 90 days	optional after filin	g.) Pursuant	to 605.0207
	date inserted in effective date on				le statuto	ry filing re	quirement	s, this date	will not b	oe listed as
		Dopartino	0. 50	3.000.00.						
ecord s	specifies a de	layed effec	tive date	, but not	an effe	ctive tim	e, at 12:	01 a.m	on the	earlier o
ne 90th	day after th	e record is	filed.							
AUG	UST 29		28	017						
ed			,		_•	\sim		\cap		
_	mi a		800	(to-	nen	()	nei-	o de	in.	V
	1000	Signatur	000	ber or author	zed rapres	entative of	member	<i>/</i>	'/	\leftarrow

Page 3 of 3

Filing Fee: \$25.00