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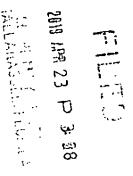
(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

	gistration Sec ision of Corp			
CHD IECT.		NTERNATIONAL LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are subt	nitted for filing.	
Please return	all correspor	dence concerning this matter t	to the following:	
		Jason Villalona		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		MyUSAcorporation.com		
			Firm/Company	
		1 Radisson Plaza, Suite 800)	
			Address	
		New Rochelle, NY, 10801		
			City/State and Zip Code	
		agustin@vargasmanriquez.c		
		E-mail address: (t	o be used for future annual repo	ort notification)
For further in	nformation co	ncerning this matter, please ca	itl:	
Jason Villal	ona		877 33026	
	Name of	Person	Area Code 1	Daytime Telephone Number
Enclosed is a	a check for the	e following amount:		
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$355.00 Filing Fee & Certified Copy (additional copy is enclosed	□ \$60.00 Fiting 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

ARALTA INTERNATIONAL LLC		0819 x 200 2 3 D 3: 98	
(Name of the Limit	d Liability Comps A Florida Limited	any as it now auteurs on our records.)	
The Articles of Organization for this Limited Li Florida document number L17000209524	•		_ and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
	-		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC" or the abbre	viztion "L.L.C."
Enter new principal offices address, if applicable:		15390 SW 20 ST.	
(Principal office address MUST BE A STREE)	(ADDRESS)	MIAMI, FL 33185	
		·	
Enter new mailing address, if applicable:		15390 SW 20 ST.	
(Mailing address MAY BE A POST OFFICE I	<u>sox</u>	MIAMI, FL 33185	
			
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered of ice address her	Mice address on our records, <u>enter the</u> e:	name of the new
Name of New Registered Agent:	ENRIQUE L C	OLINA	
New Registered Office Address:	15390 SW 20 S		
		Enter Florida street address	
	MIAMI	, Florida ³³¹⁸⁵	

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

Zip Code

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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			□ Remove
			Change
			Add
			Remove
			Change
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Tective date, if other than the in effective date is listed, the date mu ote: If the date inserted in this b	lock does not meet the application	able statutory filing re	quirements, this date w	Pursuant to 605,0207 (3
cument's effective date on the I	Department of State's records.			
record specifies a delaye The 90th day after the rec		t an effective tim	e, at 12:01 a.m. o	n the earlier of:
April 10th	2019	·		
		1	1	
	Signature of a member or author	prized representative of	member	
		# # 11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	111	

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Filing Fee: \$25.00