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(Req	uestor's Name)	<u> </u>
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COVER LETTER

Division of Corpora		-) /	
SUBJECT: Coal	icion Inter		or Venezvela ILC.	
	Name of Limite	ed Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are subm	itted for filing.		
Please return all corresponden	ice concerning this matter to	the following:		
_	RAF	PAEL More	75	
_	Registere	Name of Person Pagent / Firm/Company	MGR.	
	/	_		
_	3488 SW	112 Ave.		
		Address		
_	Manni,	FL 331, Çîty/State and Zip Code	65	
		City/State and Zip Code		
	ramorde	Cosmail. Co	DKL	
	E-mail address: (to	he used for future annual rep	oort notification)	
For further information concer	ming this matter, please call	l:		
LAPAEL Numer of Born	Moros	at (<u>786)</u>	426-0379 Daytime Telephone Number	
P Name of Fers	4711	Mea Code	Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount:			
№ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose	

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**

Coalicion Internaciona		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000 245272</u>	were filed on 11/30	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Corporación Pro-venezuela	LIC.	Pos 5 1
The new name must be distinguishable and contain the words "Limited Liahi	ility Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent: U/A	7-1 t 1 t	
New Registered Office Address: V/A	Enter Florida street aa	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	

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> **Address** Name Type of Action Lizzbeth Arias 1022 NW 87 Ave Ap. 107 - Add MGR MiAMi FL. 33172 PRemove □ Change MGR Pablo Medina 1022 NW 87 Ave Ap. 107 - Add Miam, Pl. 33172 Bremove □ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ V₫₫ □ Remove

☐ Change

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	delayed effective of the record is filed.		n effective time	e, at 12:01 a.m	. on the earli
e 90th day after	the record is filed.	•			
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Filing Fee: \$25.00