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COVER LETTER

Di	gistration Sec vision of Corp			d
CHD DYCT		nternational LLC		
SUBJECT:	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		Liz Provini		
			Name of Person	
	Gray Fox International LLC Firm/Company			
			Firm/Company	
	1615 South Congress Avenue, Suite 103			
			Address	
		Delray Beach, FL 33445		
			City/State and Zip Code	
		liz@grayfoxint.com		
		E-mail address: (to be used for future annual report no	otification)
For further	information co	oncerning this matter, please co	ıll:	
Liz Provini			561 900-3633	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	e 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

Gray Fox International 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 $\underline{04/06/2018}$ and assigned Florida document number L18000087858 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1615 South Congress Avenue, Suite 103 Enter new principal offices address, if applicable: Delray Beach, FL 33446 (Principal office address MUST BE A STREET ADDRESS) 1615 South Congress Avenue, Suite 103 Enter new mailing address, if applicable: Delray Beach, FL 33446 (Muiling 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

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

_. Florida _

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
AMBR	Edouard Vahram	37 Marlborough View	Add
		Famborough, GU14 9YA	Remove
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If amending any other into	rmation, enter change(s) here: (Attach additional shee.	is, if necessary.)
<u> </u>		
		
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		9. -1.
Note: If the date inserted in the	o4/06/2018 e must be specific and cannot be prior to date of filing or more than 90 his block does not meet the applicable statutory filing requirement of State's records.	
the record specifies a del) The 90th day after the	ayed effective date, but not an effective time, at record is filed.	12:01 a.m. on the earlier of:
Dated	2018	
	C.C. Pro-	
· · · · · ·	Signature of a member or authorized representative of a memb	per

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00