L180000 99982

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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STAFE
DIVISION OF CORPORATION

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COVER LETTER

| Division of Cor | porations | | | |
|-----------------------------|--|---|--|--|
| CAO Intern | ational Equity, LLC | | | |
| | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| , | Douglas A. Cohen | | | |
| | | Name of Person | | |
| | Account-it Consulting Ser | vices, LLC | | |
| Firm/Company | | | | |
| | 11248 Westland Cir | | | |
| | | Address | | |
| | Boynton Beach, FL 33437 | 7 | | |
| | | City/State and Zip Code | A | |
| | douge@account-it.net | | | |
| | | to be used for future annual report notifi | cation) | |
| For further information co | oncerning this matter, please ca | all: | | |
| Douglas A. Cohen, CPA | | 954 592-8630 at () | | |
| Name of | Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for the | 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

TO:

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

| CAO International Equity, LLC | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | uny as it now appears on our records Liability Company) | <u>i.)</u> |
| The Articles of Organization for this Limited Liability Company Florida document number L18000099982 | were filed on April 20, 2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liah | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | SECRE ISION |
| Enter new mailing address, if applicable: | | TARY OF CORPO |
| (Mailing address MAY BE A POST OFFICE BOX) | | SIA)E RATIONS S: 20 |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | , enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | | orida |
| | 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> | Address | Type of Action |
|--------------|---------------|-------------------------|----------------|
| MGR | John Cao | 3644 NW 4th Ct | ■ Add |
| | | Boca Raton, FL 33431 | □ Remove |
| | | | ☐ Change |
| MGR Doug | Douglas Cohen | 11248 Westland Cir | |
| | | Boynton Beach, FL 33437 | _ ■ Remove |
| | | | ☐ Change |
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| | | April 20, 2018 | | |
| Iffective date, if other that f an effective date is listed, the da | n the date of filing: te must be specific and ca | unnot be prior to date of | filing or more than 90 days a | ptional) fter filing.) Pursuant to 605.020 |
| Note: If the date inserted in t | his block does not mee | et the applicable statt | ttory filing requirements, | this date will not be listed a |
| document's effective date on | the Department of Sta | ie's records. | | |
| e record specifies a del The 90th day after the | | te, but not an eff | ective time, at 12:0 | 1 a.m. on the earlier o |
| Dated May 2 | | 2018 | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00