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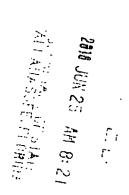
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration So Division of Con			
SUBJECT: NKY	natimal Responsibilities	HOPETY MAN	lagemant, LC.
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
		Name of Person	
	Internationa	MREJOYT Prop	perty management, LLC
	6/00 SW 7+	h Styllt Address	
	Margate, =	City/State and Zip Code Nalves OC+ M	gm+@gmail.com
	E-mail address: (to	be used for future annual report not	ification)
For further information of	concerning this matter, please ca		
Geraldin	e Snider	at (974) 292 Area Code Daytin	ne 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Resurt Property Managemant, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Ntrnatinal Retort Property Management LLC. The new name must be distinguishable and contain the words "Limited Liability Jompany," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Margate, \$\frac{1}{2}\$L 33046
Enter new mailing address, if applicable: (Mailing 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 Florida
City New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
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			□ Remove
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Filing Fee: \$25.00