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(Red	uestor's Name)	
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COVER LETTER

	istration Section of Corp				
eud leet.	AMERICAI	N SALES INTEGRATION AS	SSOCIATES LLC		
SUBJECT:	-	Name of Lim	ited Liability Company	- 121, 4	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		CHRISTINA PETTYS			
			Name of Person	 	
		PETTYSTAX & ACCOU	NTING INC		
			Firm/Company		
8406 PCB PKWY STE G					
		-	Address		
	PANAMA CITY BEACH, FL 32407				
		PETTYSTAX@GMAIL.CO	City/State and Zip Code DM		
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	iformation co	oncerning this matter, please ca	all:		
CHRISTINA	PETTYS		850 2306291 at ()		
	Name of	Person		Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling 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

AMERICAN SALES INTEGRATION ASSOCIATES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(AF	torida Chanco Caminty Company)	
The Articles of Organization for this Limited Liabil Florida document number L18000153974		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
CARTER INTERNATIONAL LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
_	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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00