L18000180205

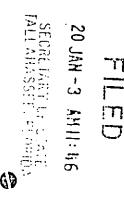
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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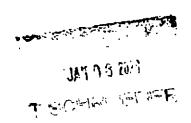
Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: SC INTERNATIONAL PERFORMANCE LLC |
| Name of Limited Liability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| GUILLERMO GUTIERREZ |
| Name of Person |
| GUTIERREZ & ASSOC. SVCS., INC. |
| Firm/Company |
| Address Miami, F.L. 33/85 City/State and Zip Code Quillase @ Yahvo. Com E-mail address: (to be used for future funual report notification) |
| Address |
| Miami, FL. 33185 |
| City/State and Zip Code |
| Family description of the property of the prop |
| |
| For further information concerning this matter, please call: |
| Suillermo Gutierrez at (305) 223 4289 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) |

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SC TNTERNATIONAL (Name of the Limited Liability Compa (A Florida Limited) | PERFORMANCE LLC uny as it now appears on our records.) Liability Company) | |
|--|--|------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000180 205</u> . | were filed on 7, 26, 2018 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited ligh | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Olity Company," the designation "L.L.C." or the abbreviation "L.L.C." Company | - - - |
| Enter new mailing address, if applicable: | THE SALE | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | AB SALES | _ |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new regist | <u>ered</u> – |
| 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|-------------------------|----------------|
| MGR | LORENA ARIAS SEGURA | 2053 NW 79th Ave | 🗆 Add |
| | | Suite P69V2 | Kemove |
| | | DORAL, FLORIDA 35198 C | US □Change |
| MGR | SERGIO A. CASTRO ARIAS | 2053 NW 79th Ave | |
| | | SuitE P69VZ | □Remove |
| | | DORAL, WLORIDA 33198 U. | ∑ □Change |
| | <u></u> | | □Add |
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| reffective date is list te: If the date inse | her than the date of ed, the date must be spe- erted in this block door date on the Department | cific and cannot as not meet the | - applicable statu | iling or more than tory filing require | 0 days after fili | ng.) Pursuant t | o 605.020' e listed as |
| cord specifies a de | elayed effective date. | but not an effe | ctive time, at 12 | :01 a.m. on the ea | arlier of: (b) | The 90th day | after the |
| s filed. | - | | | | | | |
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| ted | | | | esendative of a pro- | nher | | |

Filing Fee: \$25.00