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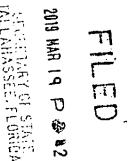
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#### **COVER LETTER**

TO:	Registration Se Division of Cor			
e e i i i i	1) C 111	IMPORT GLOBAL	LLC	
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LEVI HABOSHA		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm Company	
		1429 NW 206th Ter		
			Address	<del></del>
		Miami Gardens, FL 33169		
		***	City State and Zip Code	
		WHOLESALEDEALSAN		
		E-mail address: (	to be used for future annual report noti	lication)
For fu	rther information c	oncerning this matter, please c	all:	
LEVI	HABOSHA		347 385-3291 at () Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>□</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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 Fallahassee, F1, 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## IMPORT GLOBAL 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 $^{68/16/2048}$ Florida document number $\frac{1.18000195990}{}$ 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 "I imited I tability Company," the designation "I I V" or Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Luter Elorida stiver 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 contirm 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>N</u> ame	<u>Address</u>	Type of Action
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		North Miami, FL 33162	Remove
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TANKE O	e, if other than the a tte is listed, the date must are inserted in this blo fective date on the De	CK GOES HOLD	шесь иге аррис	anie statujory ti	r more than <sup>90</sup> da bing requiremer	ys affer filing.) Pur its, this date will	suant to 605,0207 ( not be listed as t
ne record sp The 90th (	pecifies a delayed day after the reco	effective of the order.	date, but no	t an effectiv	e time, at 12	:01 a.m. on	the earlier of:
MARC Dated	11-18th		2019				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00