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(((H190000472113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INDEPENDENT TAX SERVICES PLUS CORP.

Account Number : 120020000072 : (305)887-0001 Phone Fax Number : (305)884-6444

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CI GRUPO INTERMUNDIAL DEL NEGOCIO SAS LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | R21     |
| Estimated Charge      | \$25.00 |

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## COVER LETTER

| TO: Re<br>Di            | gistration S<br>vision of Co | Section<br>Orporations                          |  |                  |                               |            |
|-------------------------|------------------------------|---|--|------------------|-------------------------------|------------|
| SUBJECT:                | Cl Grupo                     | Intermundial Del Negocio S/                     | AS LLC   |                  |                               |            |
| SUBJECT.                |                              | Name of Limited Liability Company               |  |                  |                               |            |
| The enclosed            | d Articles of                | Amendment and fee(s) are s                      | ubmitted for filing.   |                  |                               |            |
| Please return           | all correspo                 | ondence concerning this matt                    | er to the following:   |                  |                               |            |
|                         |                              | Paola Borja                                     |  |                  |                               |            |
|                         |                              |   | Name of Person   |                  | _                             |            |
|                         |                              | 8380 Sands Point Blvd A                         | Firm/Company   |                  | _                             |            |
|                         |                              |   | Address  |                  | -<br>Na                       | <b>3</b> . |
|                         |                              | Tamarac, Florida 33321                          | City State and Zip Code  |                  | איר או<br>איר או<br>13 מוז או | , - v      |
|                         |                              | gnianager@eigrupointermi                        |  | Contion          | FEB III<br>CHETAKY<br>AHASSI  |            |
| For further inf         | ormation co                  | ncerning this matter, please o                  |  | ication)         | AN 9: 0                       |            |
| Paola Borja             |                              |   | 954 630-5461<br>at()_  |                  | 10150<br>1171<br><b>90 :6</b> | ) \( \).   |
|                         | Name of                      | Person  |  | Telephone Number |                               |            |
| Enclosed is a c         | heck for the                 | following amount:                               |  |                  |                               |            |
| l <b>a</b> \$25.00 Fiti | ng Fee                       | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (      | e of Status &                 |            |

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

From:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#078 P.003/005

From:

# 190000472113

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| CI Grupo Intermundial Del Negocio SAS LLC   |   |                          |
|---|---|--------------------------|
| (Name of the Limited Limbility Co.  | npany as it now appears on our recor<br>ed Liability Company) |                          |
| to riorias Linni  | ed Liability Company)   | os.)                     |
| The Articles of Organization for this Limited Liability Comme   | 10-10-2018  |                          |
| Florida document number L18000 242 428  | ny were iffed on  | and assigned             |
| This amendment is submitted to amend the following:   |   |                          |
| A. If amending name, enter the new name of the limited lia  | hility compone to   |                          |
|   |   |                          |
| The new name must be distinguishable and contain the words "Limited Liab  |   |                          |
| Eimited Liab  | ility Company," the designation "LLC"                         | or the abbreviation 1 Cm |
| enter new principal offices address, if applicable:   |   | SET -                    |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                          |
|   |   |                          |
|   |   | 0.2.4                    |
| Enter new malling address to  |   | <u> </u>                 |
| Enter new mailing address, if applicable:   | 10013 SW 162nd Place  |                          |
| (Muiling address MAY BE A POST OFFICE BOX)  | Miami, Florida 33196  |                          |
|   |   |                          |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: | د د م م ت   | <del></del>              |
| registered agent and/or the new registered office address here  | ice address on our records, e                                 | nter the name of the new |
|   |   |                          |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  |   |                          |
|   | Enter Florida street address                                  |                          |
|   | , Florida   |                          |
| New Registered Agent's Signature, if changing Registered Agent:   | City  | Zip Code                 |
| A SECOND ASSETS   |   |                          |

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ving filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

From:

02/09/2019 11:44

#078 P.004/005

17140000472113

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

| Title         | Name Juan C Bohorquez | Address  | Type of Action |
|---------------|-----------------------|--|----------------|
| MGR           |                       | 8380 Sands Point Blvd Apt J209<br>Tamarac, Florida 33321 |                |
|               |                       |  | □ Remove       |
|               | ***                   |  |                |
| MGR           | Liliana Jaramillo     | 10013 SW 162nd Place<br>Miami, Florida 33196             |                |
|               |                       |  | □ Remove       |
|               |                       |  | Change         |
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|               |                       |  | Change         |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00