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(R	equestor's Name)	
·	,	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT ·	MAIL
(B	usiness Entity Name)	-
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor						
SUD IEC		RNATIONAL, LLC					
SUBJEC	.l: <u> </u>	Name of Lim	Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Milton A. Vescovacci, Esc	1.				
			Name of Person	-			
		Polsinelli PC					
			Firm/Company 201 S. Biscayne Blvd, Suite 2800				
		201 S. Biscayne Blvd, Sui				32	
			Address		三三三	4 - P - P - P - P - P - P - P - P - P -	
		Miami, Florida 33131			2019 MAR 26 PM	THE WAY	
		enriquezioar@amail.com	City/State and Zip Code		701	<u>'</u> -	
		E-mail address: (to be used for future annual report notif	fication)	2: 45		
For furth	er information co	oncerning this matter, please co	all;		1		
Nacha M	1. Martinez		786 635-0524				
	Name of	l Person		e Telephone Number			
Enclosed	is a check for th	e following amount:					
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &		

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

CBD INTERNATIONAL, LLC	-		
(Name of the Limit	led Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited L Florida document number L19000036435	iability Company	were filed on 2/5/2019	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	and assigned and assigned and assigned any," the designation "LLC" or the abbreviation "LLC." Blue Lagoon Drive 170 i. Florida 33126 Blue Lagoon Drive 170 i. Florida 33126 Contact the name of the new Angle Part of the name of the new Contact the name of the name of the new Contact the name of the
	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. C. W. L. W.	
Enter new principal offices address, if applic		6100 Blue Lagoon Drive	.C or the abbreviation "L.L.C.
(Principal office address MUST BE A STREE	address MUST BE A STREET ADDRESS) Suite 170		
	Miami, Florida 33126		
Enter new mailing address, if applicable:		6100 Blue Lagoon Drive	
(Mailing address MAY BE A POST OFFICE	aning address, if applicable.		201
		Miami, Florida 33126	
registered agent and/or the new registered o	**		ds, enter the name of the ne
Name of New Registered Agent:			—— ———————————————————————————————————
New Registered Office Address:	6100 Blue Lago	oon Drive, Suite 170	
		Enter Florida street addr	ess
	Miami	, F	lorida <u>33126</u>
		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	JAGR ENRIQUEZ	6100 Blue Lagoon Drive	□ Add
		Suite 170	Remove
		Miami, Florida 33126	Change
			
			Remove
			Change
		 	
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Effective d	late, if other t	han the date o	f filing: _		1-1- F.C.1:		(optional))	05 0307
Note: If th	e date inserted	in this block doe on the Departme	s not meet t	he applicabl					
		delayed effec the record is		, but not a	n effective	time, at 12	:01 a.m.	on the ear	lier of
Jorad	3	3-25	20	19					
Dated	_	1	 · -		•				
	X	70.				e of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00