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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	į
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Office Use Only



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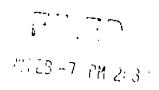
Tallahassee, FL 32314

TO:	Registration Se Division of Cor	ction porations		
CHD IE	INTERNA	ATIONAL SOURCING LLC		
SUBJEC	···	Name of Lim	ited Liability Company	.
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		WILLIAM HILL		
			Name of Person	
		INTERNATIONAL SOUR	RCING LLC	
			Firm/Company	
		8674 PIPER LANE		
			Address	
		SEMINOLE, FLORIDA 33777		
			City/State and Zip Code	
		TEDSHARPCPA@GMAIL	COM	
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please ca	all:	
WILLIA	M HILL		949 280-4823	
··	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed	is a check for th	ne following amount:		
⊠ \$25,0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	antian.
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INTERNATIONAL SOURCING LLC

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

the abbreviation "L.L.C."
name of the new registere
a
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

Title	Name	<u>Address</u>	Type of Action
			□Add
		□Remove	
		□Change	
			□Add
		Remove	
			□ Change
			□ Add
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Change
		□Add	
		□Remove	
			□ Change

lf ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Nov 2, 2022 College F Will Signature of a member or authorized representative of a member
	Celler 7 Nill
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00