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JUN 21 2019
S. YOUNG

19 JUN 10 PH 6: 4

COVER LETTER

ΓΟ:	Registration Sec Division of Corp					
SURIF	JIU-JUTSU CT:					
Name of Limited Liability Company						
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please r	eturn all correspon	dence concerning this matter t	to the following:			
		CELSO MORAES				
			Name of Person			
		ASSELFIS INTERNATIONA	AL, LLC			
			Firm/Company			
		7901 KINGSPOINTE PARK	WAY - SUITE 10			
		_	Address			
		ORLANDO FL 32819				
		VICTORIA@ASSELFIS.COM	City/State and Zip Code	<u>. </u>		
		E-mail address: (t	o be used for future annual report notific	ration)		
For furt	her information co	ncerning this matter, please ca	dl:			
CELSC	MORAES		407 826-1034 at ()			
	Name of	Person	at () Area Code Daytime ?	Telephone Number		
Enclose	d is a check for the	e following amount:				
■ \$2 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our recormited Liability Company)	<u>'ds.</u>)
npany were filed on 05/02/2019	and assigned
ed liability company here:	
d Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
:S:S)	F 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	7-
	<u></u>
	
	
red office address on our record ss here:	ds. enter the name of the r
Enter Florida street addr	ESS
	2
F	Florida Zip Code
1	npany were filed on 05/02/2019 d liability company here: d Liability Company," the designation "LL SS) red office address on our records here: Enter Florida street address. Files Florida street address.

New Registered Agent's Signature, if changing Registered Agent:

DIL UTCHLIC

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		
			Add		
			Remove		
			Change		
					
			Remove		
		 	Clunge		
			Add		
			Remove		
			□ Clunge		
			□ Remove		
			☐ Change		
			Add		
			☐ Remove		
			Change		
			Add		
			□ Remove		

_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated
Signature of a member or anthorized representative of a member
TRECENTI, WIVERSON C

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00