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SEP 24 2020 S. YOUNG

## **COVER LETTER**

	ion Section of Corporations		
	CO IMPORT AND EXPORT L	LC	
SUBJECT:			
	Name o	of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) ar	re submitted for filing.	
Please return all con	rrespondence concerning this m	natter to the following:	
	VICTORIA MORAE	ES	
		Name of Person	_
	ASSELFIS INTERN	IATIONAL LLC	
	<del></del>	Firm/Company	-
	7901 KINGSPOINTI	E PARKWAY SUITE 10	
		Address	-
	ORLANDO FL 3281		
	VICTORIA@ASSEL	City/State and Zip Code .FIS.COM	-
	E-mail add	dress: (to be used for future annual report notification)	
For further informa	ation concerning this matter, ple	ease call:	
VICTORIA MORA	AES	407 826-1034	
	Same of Person	at () Area Code Daytime Telephone Numbe	<del></del>
<b>!</b> \	value of reison	Area Code Prayume Perephone Numoe	
Enclosed is a check	x for the following amount:		
<b>■</b> \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Stat	tus Certified Copy Certified (additional copy is enclosed) Certified	ate of Status &
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onand assigned
amendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  aw name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  r new principal offices address, if applicable:    DORAL FL - 33172	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2186 NW 89th
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL - 33172
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL FL - 33172
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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>	<u>Address</u>	Type of Action
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ffective date, if other than the data effective date is listed, the date must be store. If the date inserted in this block ocument's effective date on the Department.	k does not meet the app	plicable statutory fili	option: nore than 90 days after fili ng requirements, this da	ng.) Pursuant to 605.0207 (
record specifies a delayed effective of is filed.	late, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
AUGUST 01	2020			
Dated	·	·		
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