Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AAW INTERNATIONAL LLC

A STATE OF THE STA	
Certificate of Status	0
Certified Copy	0
Page Count	. 03
Estimated Charge	\$25.00

OCT 1 . 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAW International LLC	<del></del>
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del>_</del> _
	2120 007
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	of the new registered
	2 0
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:  Enter Florida street address	or or
, Florida	
City	Zip Code
Name Provintered Agent's Signature, if changing Registered Agent:	

## 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>	Address	Type of Action
MGR	GUSTAVO GILARDI, GERMAN	2786 NW 104 AVE APT 309	□ Add
		SUNRISE, FL 33322	Remove
MGR AAW International Holding LLC	AAW International Holding LLC	2786 NW 104 AVE APT 309	<b>=</b> Add
	SUNRISE, FL 33322	□Remove	
		Change	
			□Add
			Remove
		Change	
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	fing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti (If an eff Note: docum	
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after the
Dated	October 12th
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00