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S. YOUNG



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
SUBJECT:	ASGOLD I	NTERNATIONAL LLC	•	•
		Name of Li	mited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are so	ibmitted for filing	
r rease return	an correspo	ndence concerning this matte	r to the following:	
		ANDRES HURTADO		
			Name of Person	
		PRODEZK INC		
			Firm/Company	
		5040 NW 7TH ST SUITE	E 705	
			Address	
		MIAMI, FL 33126	· Maryo	
			City/State and Zip Code	
			to be used for future annual repo	ort notification)
For further inf	ormation co	ncerning this matter, please o	all:	
ANDRES HU	RTADO		786 233853	21
	Name of I	Person	at () Area Code [Daytime Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	ig Address: stration Se		<u>Street Addre</u> Registration	
Divis	ion of Cor Box 6327	porations	Division of	Corporations
1.0,	DUX 032/		The Centre	of Tallahaceae

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASGOLD INTERNATIONAL LLC

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

()() ()	orda Clinned Liability Company)	是三门
The Articles of Organization for this Limited Liabilit	ty Company were filed on 05/18/2020	and assigned
Florida document numberL20000134346		32
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registon agent and/or the new registered office address her	ered office address on our records, <u>ente</u> :	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
_	I	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 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	GOLDA RODRIGUEZ ESPINOZA	5040 NW 7TH ST SUITE 705 MIAMI, FL 33126	□Add
			≅ Remove
			□Change
			□Add
			□Remove
			□Change
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Iffective date, if other than	the date of filing:		(optic	onaf)
an effective date is listed, the date Note: If the date inserted in thi locument's effective date on the	s block does not meet the:	e prior to date of filing applicable statutory	or more than 90 days after filing requirements, this	filing.) Pursuant to 605,0207 (
locument's effective date on th	e Department of State's re	cords.		The transfer as
record specifies a delayed offe	ctive data but not an acc			
record specifies a delayed effer is filed.	eave date, but not an effec	tive time, at 12:01 a	an, on the earlier of: (b)	The 90th day after the
ostad 09th July		1/		
ated	·/ 2 620		2	
	/			
		/ IY B 8/ I		

Typed or printed name of signee