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COVER LETTER

TO:	Registration Se Division of Cor			
CIIII IT		ERNATIONAL SERVICE LL	С	
SUBJE	.ст:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		DOUG ROBINSON		
			Name of Person	
		DCR LLC		
Firm/Company				
		HALEAH, FL 33018		
			City/State and Zip Code	
			to be used for future annual report not	fication)
For furt	her information co	oncerning this matter, please c	all:	
DOUG	ROBINSON		786 353-2398	
_	Address HALEAH, FL 33018			
Enclose	d is a check for th	ne following amount:		
■ \$25	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MWC INTERNATIONAL SERVICE L	LC			
(<u>Name of the Limited Li</u> (A F	ability Compa orida Limited	any as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/26/2020}{\text{L20000179270}}$.		a	and assigned	
This amendment is submitted to amend the followin	g:			
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 Enter new principal offices address, if applicable		lity Company," the designation " 5927 SW 70TH ST	LLC" or the abbrevia	24
(Principal office address MUST BE A STREET A		UNIT 432415	3.5	NA -
		MIAMI, FL 33143	7. E	11L 22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 432415		FH 1: 16
		MIAMI, FL 33243	>	··· -
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		address on our records, <u>er</u>	iter the name of t	he new register
New Registered Office Address: 59	927 SW 70TH	I ST UNIT 432415		
		Enter Florida street aa		
M	ПАМІ		, Florida 2024	33143
-		Cin		Cada

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
AMBR	ALECZANDER ANEZ	5927 SW 70TH ST	□Add
		UNIT 432415	Remove
		MIAMI, FL 33143	_
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
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ective date, if other than the date of effective date is listed, the date must be spec	f filing:		(optional)	
effective date is listed, the date must be specter. If the date inserted in this block does nument's effective date on the Department.	s not meet the applical	date of filing or more the ole statutory filing requ	on 90 days after filing.) Pursi uirements, this date will r	uant to 605.0207 not be listed as
cord specifies a delayed effective date, b s filed.	out not an effective tim	ie, at 12:01 a.m. on the	e earlier of: (b) The 90th	n day after the
ed MAY I	2024			
	14	-		
6: 2	(/_/	ized representative of a r		

Typed or printed name of signee