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2023 FEB 22 PM 4: 01 2023 FEB 22 PM 4: 13 RECEIVED

J 2122/2633

COVER LETTER

. (): Registration Section Division of Corporations	
BJECT: BATTLE DUR INTERNATIONAL, LLC	_
Name of Limited Liability Company	
Fe inclosed Articles of Amendment and fee(s) are submitted for filling.	
Lease return all correspondence concerning this matter to the following:	
How tow Battle	
BATTE ONE INTERNATIONAL	
1/3 South MUNIOR ST 1st Floor	אנ
TALLALASSIE F/32301 City/State and ZipCode	
E-yhail address: (to be used for future annual report notification)	
Lor further information concerning this matter, please call:	
Name of Person Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
E closed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

KAHLE ON	I Stere WAtional, LL ny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company londa document number <u>42000 23</u> 33	
This amendment is submitted to amend the following:	
1. If amending name, enter the new name of the limited liab	ility company here:
new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
atter new principal offices address, if applicable:	
(Anicipal office address MUST BE A STREET ADDRESS)	
Later new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	113 South Monroe ST 1st Flown TATHALASSING F/ 32301
2. If amending the registered agent and/or registered office a ent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Emer Furtuu siree aaaress
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·
thereby accept the appointment as registered agent and agre	ve 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 exept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is iving filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ampany 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

.MBR = Authorized Member

MAINTS LEX Wicole EVEREH 1/3 South Moneux DAdd

Tallahassky H Schange Type of Action _____ □Remove _____ □Change □Change _____ □Remove ____ □Remove _____ □Change _____ □Remove _____ □Change

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i an effect <u>Note:</u> If	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.
record s d is tiled	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 f.
ated	2-22-23.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00