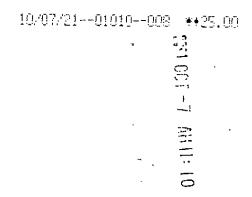
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT BUSHELL	INTERNATIONAL INVEST	MENTS LLC	
SUBJECT: Doorlook		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	ELLIOT GREENE		
		Name of Person	
	LEGAL IMMIGRATION	SERVICES	
		Firm/Company	
	100 E LINTON BLVD, ST	JITE 304B	
		Address	
	DELRAY BEACH, FL 33-	483	
	greencard@legalimmigratio	City/State and Zip Code onservices.net	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
MATT SELBY, OFFICE	MANAGER	at (954) 603 7769	
Name o	f Person	at (954) 603 7769 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee, I			nanassee De Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp. $\frac{120000228194}{10000020000000000000000000000000000000$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	2	***
		ān II.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offi	ice address on our records, enter	the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	333
		lorida
	Сиу	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>	Name	Address	Type of Action
MGR	LAURA BUSHELL	100 E LINTON BLVD, SUITE 304B	🗆 Add
		DELRAY BEACH, FL 33483	Remove
			Change
MGR	TEJAN K BHATT	100 E LINTON BLVD. SUITE 304B	■ Add
		DELRAY BEACH, FL 33483	□Remove
			☐ Change
			☐ □Chdrīge — □ □ Add
			□Remove □Change
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			□Remove
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1010. 11	re date, if other to entire date is listed, the f the date inserted int's effective date	III UII3 DIOCK GOC	s not meet the	addicaote statu	iling or more than 9 tory filing require	(optional) 0 days after filing.) ments, this date v	Pursuant to 605.02 will not be listed:
record d is filed	specifies a delayed d.	d effective date, b	out not an effec	ctive time, at 12	01 a.m. on the ear	rlier of: (b) The	90th day after th
ated _	Augus	+ 26	<u> </u>	21			
		11.					
	///	Signatur	re of a member of	or authorized repre	sentative of a mem	oer	

Filing Fee: \$25.00