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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | | | | | |
|---|---|---|--|--|--|
| | TIONAL FADERZ LLC | , | • | | |
| SUBJECT: | BJECT: Name of Limited Liability Company ase return all correspondence concerning this matter to the following: MARCELINO RODRIGUEZ Name of Person INTERNATIONAL FADERZ LLC Firm/Company 225 N WABASH AVE Address LAKELAND, FL 33815 City/State and Zip Code INTERNATIONALFADERZ@yahoo.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: ARCELINO RODRIGUEZ Name of Person Area Code Daytime Telephone Number Plosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certificate of Status Address: Street Address: Street Address: | | | | |
| | INTERNATIONAL FADERZ LLC Name of Limited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | MARCELINO RODRIGU | JEZ | | | |
| | | Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: RCELINO RODRIGUEZ Name of Person ERNATIONAL FADERZ LLC Firm/Company N WABASH AVE Address ELAND, FL 33815 City/State and Zip Code RNATIONALFADERZ@yahoo.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (| | | |
| | INTERNATIONAL FADI | ERZ LLC | | | |
| | | Firm/Company | | | |
| | 225 N WABASH AVE | | | | |
| | | Address | | | |
| | LAKELAND, FL 33815 | | | | |
| | | City/State and Zip Code | | | |
| | | | | | |
| | | • | ification) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| MARCELINO RODRIC | SUEZ | | | | |
| Name o | f Person | | ne Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy | | |
| | | | | | |
| Registration Section Division of Corporations | | * | | | |
| P.O. Box 632 | | | • | | |
| Tallahassee, l | FL 32314 | | e Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INTERNATIONAL FADERZ LLC | | |
|--|---|---------------------------|
| (Name of the Limited Liability Cor (A Florida Limit | npany as it now appears on our records.) ed Liability Company) | |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L20000251445</u> . | my were filed on <u>08/17/2020</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| this amendment is submitted to amend the following: 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 abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered Agent: Name of New Registered Agent: | | |
| 'he new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | . 27 |
| | | 是卫 |
| | | - 50 F |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | •• |
| | | |
| If amending the registered agent and/or registered office and/or the new registered office address here: | ce address on our records, <u>enter the</u> | name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid | la |
| | City | aZip 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.

Is 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 | MARCELINO RODRIGUEZ | H09 COURTNEY TRACE DR APT 104 | % ∧dd |
| | | BRANDON, FL 33511 | Remove |
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| n effective date ste: If the date | is listed, the date must be e inserted in this block | specific and does not in | cannot be prince the | ior to date of t licable statut | iling or more th ory filing rea | un 90 days after pirements (this | filing.) Pursuant t date will not be | o 605.020 e Tisted : |
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| ecord specifies | s a delayed effective da | ite, but not | an effective | time, at 12: | 01 a.m. on the | earlier of: (b) | The 90th day | after th |
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