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TO:18506176383 FROM:4073703120

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 : (407)370-3686 Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: <u>assistant</u>, ha

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLITH INTERNATIONAL GROUP LLC

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| | TO: | | gistration Sect islon of Corpo | | | ü | | t. | | * |
| | SUB | JECT: | _Oeut | H INTE | ENATO Name of Lir | ONAL mited Liabilin | S Company | » hc | | |
| | The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | | | | | | |
| | Pleas | se retun | n all correspond | tence concerning | g this matte | r to the follo | owing: | | | |
| Caroline Larson | | | | | | | | | | |
| Larson Accounting Group | | | | | | | | | | |
| | | | | 7901 | Kino | ys Porn | He PKI | ng s | TE 17 | |
| | | | | <u>Oila</u> | do, | FL 3 | 2819 le and Zip Code | <u> </u> | | |
| | | | | ASS\S | TANT. | HAY LU | INA O L | ARSON report notifice | ACC-COt | 4 |
| | For | For further information concerning this matter, please call: | | | | | | | | |
| | | e | arolin | e Lars | <u> </u> | at | <u>403</u> _ | 330-3 | 3685 | |
| | | | Name of | | | | Area Code | Daytime T | elephone Number | |
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| | | | O. Box 6327 allahassee, F | | | | 2415 N | | Street, Suite 81 | 10 |

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TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) Liability Company) | |
|---|--|-----------------------|
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L2100035836</u> . | y were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Link | bility Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | NA | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u></u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | MIA | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, enter the name | of the new registered |
| Name of New Registered Agent: | A | <u> </u> |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | , Florida | <i>্</i> ল |

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.

City

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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 |
|--------------|--------------|---------------------|----------------|
| <u>HGR</u> M | IGOR LEZENDE | 838 Oxpord DR | □Add |
| | SUVA | DAVERPORT, FL 33987 | □Remove |
| | | | Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA E. Effective date, if other than the date of filing: 02 (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated Februery Signature of a member or authorized representative of a member TOUI CONDEL Typed or printed name of signee

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