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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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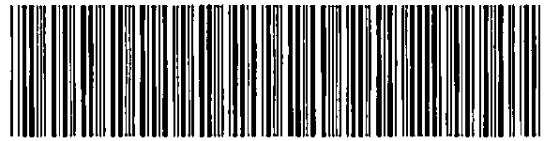
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERNATIONAL EXPORT GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOMEKA NAPPER

Name of Person

VIJEN ENTERPRISES CORPORATION

Firm/Company

515 E LAS OLAS BLVD

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

MANAGEMENT@VIJENENTERPRISES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOMEKA NAPPER

754 800-5372  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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SEC. OF STATE  
TALLAHASSEE, FL

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

INTERNATIONAL EXPORT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/04/2021 and assigned  
Florida document number L21000061048.

This amendment is submitted to amend the following:

**A. 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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

950 ELLER DRIVE

BAY 6

FORT LAUDERDALE, FL 33316

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

950 ELLER DRIVE

BAY 6

FORT LAUDERDALE, FL 33316

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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**

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CLERK OF STATE  
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SANDS, DEREK L	950 ELLER DRIVE	<input type="checkbox"/> Add
		BAY 6	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Change
AR	JOHNSON, KAREN	950 ELLER DRIVE	<input checked="" type="checkbox"/> Add
		BAY 6	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change
AMBR	FARQUHARSON, ADELL	6312 NW 97TH AVE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE  
SUNSHINE, FL

