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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: LSC INTER	RNATIONAL GROUP LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OSWALDO J. PINERO		
	S Lui	Name of Person	
		Firm/Company	
	8544 NW 66TH ST.		
		Address	
	MIAMI. FL 33166		
	oswaldopr23@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
OSWALDO PINERO		at (786 8726464	
Name o	f Person	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		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LSC INTERNATIONAL 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 $\frac{03/23/2021}{}$ and assigned Florida document number _ L21000136677 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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
<u>CFO</u>	GONZALEZ ALEXANDER	8544 NW 66TH ST, MIAMI, FL33166	
			≡ Remove
			Change
CFO	SANDOVAL EMHAILEGNA	8544 NW 66TH ST. MIAMI, FL33166	= Add
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ctive date, if other than the date of filing: $\frac{-06/2}{2}$	21/21 (optional)
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 605.03
If the date inserted in this block does not meet the a iment's effective date on the Department of State's rec	pplicable statutory filing requirements, this date will not be listed
ment 3 elective date on the pepartition of state 3 fee	ords.
ord specifies a deleved effective date, but not an effect	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	the time, at 12.01 a.m. on the earner of (0). The 70th day after the
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MIAMI. JUNE 21 2021	
SDF	
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	authorized representative of a member