## L21000152498

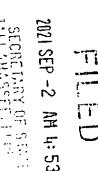
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(Document Number)				
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## COVER LETTER

fO: Registration S Division of Co			P
SUBJECT:	- AFA_INTER	INATIONAL	p *
	Name	of Limited Liability Company	
			•
The enclosed Articles of	f Amendment and fee(s)	are submitted for filing.	
Please return all corresp	ondence concerning this	matter to the following:	
		FARAH LOUIS Name of Person	
		, , , , , , , , , , , , , , , , , , ,	
-		FAFA INTERNATION Firm/Company	AL
	<u>  13451 SV</u>	и 43rd st. Miramar Address	, FI 33025
		Mir amor, Fl 33025 City/State and Zip Code	5
	E-mail a	Entrystate and Zip Code  FARAH LOUIS 1@ G  ddress: (to be used for luture annual	
For further information	concerning this matter, p		
· · · · ·	<u> </u>	at (305)	746 · 5450  Daytime Telephone Number
Nam	e of Person	Area Code	Daytime Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fe Certificate of S		Certificate of Status &
<u>Mailing Add</u> Registratio		<u>Street A</u> Registr	ddress: ation Section
Division of	f Corporations	Divisio	on of Corporations
P.O. Box 6	327 e. FL 32314		entre of Tallahassee I. Monroe Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021-SEP -2 AM 4: 54 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 4.1.2\ and assigned Florida document number <u>L21000152498</u> 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 "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) 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 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
AMBE	Faran Louis	11451 EW 43rd St.	EAdd
		Miramar, El 33025	□ Remove
			□Change
AR	Michel, Euneque	11451 SW 43rd st	\_\ \_\ Add
		Miramar, Fl 33425	DKcmove
			□Change
AR	New Justic	11451 SW 43rd St	□Add
		Miramar, Fl 33025	Exemove
			□ Change
KR	Jonca, Nylah	11451 SW 43rd St	□Add
		miramar, F1 33025	□Remove
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rective date, if other than the date of filing: 8 30 2/1  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 cote: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	_ <b>(optional)</b> tays after filing.) Pursuant to 605.020 ents, this date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli is filed.	er of: (b) The 90th day after the
ted AUGUST 30 . 2021	
Signature of a member of Authorized representative of a member	