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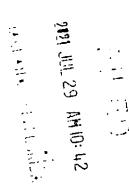
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COVER LETTER

SUBJECT: SUBJECT: Name of Limited Liability Company		Registration Se Division of Cor			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KRISTIN WARD	0.00		RNATIONAL SERVICES GR	OUP LLC	
Please return all correspondence concerning this matter to the following: KRISTIN WARD	SORTEC	UI:	Name of Lim	nited Liability Company	
Name of Person	The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Name of Person B & W ACCOUNTING CONSULTING LLC Firm/Company 4750 NW 102 ND AVE APT. 202 Address DORAL, FLORIDA 33178 City/State and Zip Code KRISTIN@BNWACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KRISTIN WARD 1757 Name of Person Area Code Area Code Daytime Telephone Number Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:	Please re	eturn all correspo	ondence concerning this matter	to the following:	
B & W ACCOUNTING CONSULTING LLC Firm/Company 4750 NW 102 ND AVE APT. 202 Address DORAL. FLORIDA 33178 City/State and Zip Code KRISTIN@BNWACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KRISTIN WARD 1757 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Street Address:			KRISTIN WARD		
Firm/Company 4750 NW 102 ND AVE APT. 202 Address DORAL. FLORIDA 33178 City/State and Zip Code KRISTIN@BNWACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KRISTIN WARD Area Code Total A02-9237 at (Name of Person	
Address DORAL, FLORIDA 33178 City/State and Zip Code KRISTIN@BNWACCOUNTING.COM If-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KRISTIN WARD Total address: Area Code S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Street Address:			B & W ACCOUNTING C	ONSULTING LLC	
DORAL. FLORIDA 33178 City/State and Zip Code KRISTIN@BNWACCOUNTING.COM II:-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KRISTIN WARD 757 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Street Address:				Firm/Company	
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■ \$25.00 Filing Fee		Name o	f Person	Area Code Daytim	e Telephone Number
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Enclosed	l is a check for th	ne following amount:		
	■ \$25.	00 Filing Fee	——————————————————————————————————————	Certified Copy	Certificate of Status & Certified Copy
Division of Corporations Division of Corporations		Registration S	Section	Registration Sec	
P.O. Box 6327 The Centre of Tallahassee Tallahassee Street Suite 810		P.O. Box 632	7	The Centre of T	allahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKP INTERNATIONAL SERVICES GROUP LLC

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)				
The Articles of Organization for this Limited Liab Florida document number 1.21000334177	ility Company were filed on JULY 22, 2021	_ and assigned			
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liability company here:				
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."			
Enter new principal offices address, if applicab	le:	·· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET)	(ADDRESS)				
		7121 JU			
Enter new mailing address, if applicable:		72			
Mailing address MAY BE A POST OFFICE BO	<u> </u>	9 AF 10:			
B. If amending the registered agent and/or regingent and/or the new registered office address because the new registered of the new registered agent and/or the new registered agent and/or the new registered office address because the new registered agent and/or the new registered office address because the new registered of the new registered office address because the new registered of the new	stered office address on our records, enter the name o	• •			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida	Zip Code			
	City				

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>	Name	Address	Type of Action
MGR	KRISTIN M WARD	822 EDSON CIR E UNIT B	□ Add
		JACKSONVILLE, FI. 32227	=Remove
			□Change
AMBR	JOSE M ECHEANDIA PINTO	822 EDSON CIR E UNIT B	■Add
		JACKSONVILLE, FL 32227	□Remove
			□Change
AMBR	JUAN C ECHEANDIA PINTO	822 EDSON CIR E UNIT B	Add
		JACKSONVILLE, FL 32227	回Remove
			29
AMBR	CHRISTIAN O ECHEANDIA PIN	822 EDSON CIR E UNIT B	Change !
		JACKSONVILLE, FL 32227	FRemove □
			□Change
AMBR	KAROL J ORDONEZ COSSIO	822 EDSON CIR E UNIT B	= Add
		JACKSONVILLE, FL 32227	Remove
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ective date, if other than the	e date of filir	1ULY 26,			(optional))	. 0.5. 0.3.0
effective date is listed, the date mute: If the date inserted in this b	st be specific ar lock does not	nd cannot be price meet the appli	or to date of filin leable statutory	g or more than 90 7 filing requiren	days after filing nents, this date	;) Pursuant to ; will not be	605.020 listed a
ument's effective date on the E	Department of	State's record	S.				
cord specifies a delayed effective stilled.	ve date, but no	ot an effective	time, at 12:01	a.m. on the ear	lier of: (b) Ti	he 90th day a	ifter the
d JULY 26		2021	·				
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-	Signature of a	momber are	borized represer	native of a memb	4°F		