L 230000229092

Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
☐ WAIT ☐ MAIL
Business Entity Name)
Document Number)
Certificates of Status
to Filing Officer:

Office Use Only



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05/16/23--01015--025 ++25.00

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COVER LETTER

TO:

Registration Section Division of Corporations

INTERNAT	FIONAL BILLING LLC		
SUBJECT:	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:	
	Amiera M. Arias		
		Name of Person	
		Firm/Company	
	7239 DAVIT CIRCLE		70:31:11:5
		Address	
	LAKE WORTH, FL 3346	7	60
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	2: 57
For further information c	oncerning this matter, please c	all:	,
AMIERA M. ARIAS		862 239-3737 at ()	
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahasse	
Tallahassee, l		2415 N. Monroe Street, S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	nited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Florida document number 1.23000229092	Liability Company were filed on j	5/9/2023	and assigned
This amendment is submitted to amend the fol	llowing:		
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	e designation "LLC" or the ab	
Enter new principal offices address, if appl	icable:	.	<u>경</u>
Principal office address MUST BE A STRE	ET ADDRESS)		_;
			<u></u> 01
			1.1.
Enter new mailing address, if applicable:			?:
(Mailing address MAY BE A POST OFFICE BOX)			57
			·
B. If amending the registered agent and/or agent and/or the new registered office addr	<u>ess here</u> :	records, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:	AMIERA M. ARIAS		
New Registered Office Address:	7239 DAVIT CIR		<u></u>
	Enter F	lorida street address	
	LAKE WORTH	, Florida ³³⁴	67
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

INTERNATIONAL BILLING LLC

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NATASHA ROSADO	7239 DAVIT CIR	
		LAKE WORTH, FL 33467	■Remove
			□Change
MGR	AMIERA M. ARIAS	7239 DAVIT CIR	= Add
		LAKE WORTH, FL 33467	□Remove
			□ Change ∵ ప
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Effective date, if other than th	e date of filing:		(option	ial)
(If an effective date is listed, the date mu Note: If the date inserted in this h	ist be specific and cannot b		ing or more than 90 days after it	ling.) Pursuant to 605.0207 (3
document's effective date on the I	Department of State's re	applicable statuto cords,	ry ining requirements, this t	iate will not be usted as th
ne record specifies a delayed effecti ord is filed.	ve date, but not an effec	ctive time, at 12:0	l a.m. on the earlier of: (b)	The 90th day after the
nd is med.				(~)
Dated MAY, 11	2023			91 J. J. 1663
) / med		 ·		
14.				07
	Signature of a member of	or authorized repres	entative of a member	
AMIERA M. ARIAS				- '' i
CMIAN AR WATHAN				

Typed or printed name of signee