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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

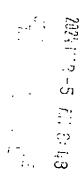




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COVER LETTER

то:	Registration Se Division of Cor		<i>:</i>
cupica		TERNATIONAL INVESTME	ENT ELC
SUBJEC	~I:	Name of Lim	ited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please re	eturn all correspo	ondence concerning this matter	to the following:
		JUAN PABLO SANTAN	DER PUERTAS
		DUAN	Name of Person Saw Andrew Firm/Company
		3439 NE 210TH ST	
			Address
		AVENTURA, FLORIDA,	. 33180
		.	City/State and Zip Code
		recuperadoraecosan@gmai	
		E-mail address: (to be used for future annual report notification)
For furth	ner information c	oncerning this matter, please c	all: 202
JUAN E	PABLO SANTA	NDER PUERTAS	+57 313 281 1995
	Name o	f Person	Area Code Daytime Telephone Number 1
Enclosed	d is a check for th	ne following amount:	
□ \$ 25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Co Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Co Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 9		Street Address:
Registration Section Division of Corporations			Registration Section Division of Corporations
	P.O. Box 632	-	The Centre of Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

: .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH INTERNATIONAL INVESTMENT LLC

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

	(A t fortua Enimea Enaoint	, company,		
The Articles of Organization for this Limited I Florida document number L23000466549	• • •	filed on	<i>&</i>	nd assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability o	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany." the designation "LLC" or t	the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				
B. If amending the registered agent and/or agent and/or the new registered office addro	~	ess on our records, enter the	name.of t	he-new registe
Name of New Registered Agent:	JUAN PABLO SAN'	TANDER PUERTAS		
New Registered Office Address:	3439 NE 210TH ST			energy E
		Enter Florida street address	1	·.)
	AVENTURA	, Florid	a 33180	္.÷ ယ
	(Tity -	Ziį	o 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

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
			□Add
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