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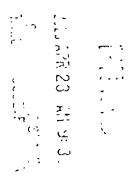
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		RNATIONAL GROUP LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		YUNJIE DENG		
			Name of Person	
	• , -			
Firm/Company				· ; ;
		31157 LINDENTREE DR	IVE	
			Address	· .
		WESLEY CHAPEL FL 3.	3543	(.
			City/State and Zip Code	
		Tonywf188142104@gmail		
		h-mail address: (to be used for future annual report not	(fication)
For furthe	r information e	oncerning this matter, please c	all:	
MING K	IT LO		845 542-8070	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for t	ne following amount:		
₩ \$25.0	0 Filing Fcc	□ \$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)
	<u>Dailing Addres</u> Registration 5		<u>Street Address:</u> Registration Sc	ection
Division of Corporations			Division of Co	rporations
	P.O. Box 632 Fallahassee, 1		The Centre of 2415 N. Monre	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMT INTERNATIONAL GROUP LLC		
(<u>Name of the Limited Liability</u> (A Florida	y <u>Company as it now appears on our records.)</u> Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on DECEMBER 11,2024	and assigned
Florida document number 1.24000513896		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here;	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDR.	ESS)	
		r
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 nam	— ne of the n ew registe
agent and/or the new registered office address here:		(
		•
Name of New Registered Agent:	,	
New Registered Office Address:		
-	Enter Florida street address	<u></u>
	, Florida	
	Cin	Zip 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
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ective date, if other than the dat effective date is listed, the date must be	te of filing:		(optional)	
te: If the date inserted in this block	does not meet the applicab	date of filing or more than de statutory filing requi	(90 days after filing.) Pr rements, this date wil	rsuant to 605.020 I not be listed a
ument's effective date on the Depar	rtment of State's records.			
cord specifies a delayed effective da	sta but nat na affactiva tim	a at 12:01 a m on the	aurlier of the The O	Jels das after the
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DECEMBED 20	2021			
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ed DECEMBER 30	Yuniie	Dena		
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Sign	nature of a member or authori	zed representative of a me	imber	

Filing Fee: \$25.00