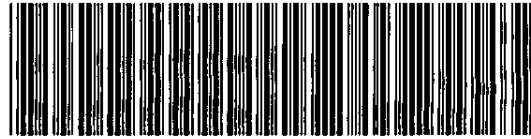


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12/13/10--01022--021 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. B. BLY
EXAMINER
DEC 14 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prime International Trading LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony J Goncalves
Name of Person

Prime International Trading LLC
Firm/Company

6303 Blue Lagoon Dr Ste 400 Unit 463
Address

Miami FL 33126
City/State and Zip Code

primeint.llc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James P. Gagel at (305) 4447775
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
10 DEC 13 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRIME INTERNATIONAL TRADING LLC
(Name of the Limited 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 07/23/2009 and assigned Florida document number L09000070886.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 6303 Blue Lagoon Dr Ste 400 Unit 463
(Principal office address MUST BE A STREET ADDRESS) Miami FL 33126

Enter new mailing address, if applicable: 6303 Blue Lagoon Dr Ste 400 Unit 463
(Mailing address MAY BE A POST OFFICE BOX) Miami FL 33126

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: Anthony J Goncalves
New Registered Office Address: 6303 Blue Lagoon Dr Ste 400 Unit 463
Enter Florida street address
Miami, Florida 33126
City 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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

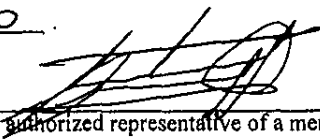
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>Anthony J Goncalves</u>	<u>6303 Blue Lagoon Dr Ste 400 Unit 463</u> <u>Miami FL 33126</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Inversiones Automotion ca</u>	<u>Av Intercomunal Santiago Marino</u> <u>Saman de Guere Galpon 80-82</u> <u>Maracay, Venezuela 2107</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	<u>Mario Suarez</u>	<u>6303 Blue Lagoon Dr Ste 400 Unit 463</u> <u>Miami FL 33126</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Goncalves, Anthony J</u>	<u>2315 NW 107 Ave Ste 1M34</u> <u>Doral FL 33172</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Goncalves, Jose</u>	<u>2315 NW 107 Ave Ste 1M34</u> <u>Doral FL 33172</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	<u>Goncalves, July</u>	<u>2315 NW 107 Ave Ste 1M34</u> <u>Doral FL 33172</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER 01, 2010



Signature of a member or authorized representative of a member

ANTHONY GONCALVES

Typed or printed name of signee