

L15000062617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

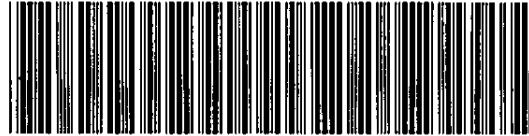
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 20 PM 5:30

FILED

APR 29 2015
J. HARRIS


April 16th, 2015

Florida Department of State
Registration Section
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Dear sir or madam:

Enclosed herewith you will find the Employer Identification Number of TRADEX WORLD, LLC in order to be attached in the data system of Division of Corporation.

The EIN of the aforesaid company is 47-3699226 so we will appreciate the registration in order to start the business as soon as possible.



TRADEX WORLD, LLC
David Duenas MGRM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRADEX WORLD, 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:

JOSE BLANCO

Name of Person

TRADEX WORLD, LLC

Firm/Company

6917 NARCOSEE RD # 728

Address

ORLANDO, FLORIDA 32822

City/State and Zip Code

GMORAN@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERARDO MORAN

407

924-2136

at ()

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**

TRADEX WORLD, 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 APRIL 09, 2015 and assigned Florida document number L15000062617

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NON APPLICABLE

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:

(Principal office address MUST BE A STREET ADDRESS)

NON APPLICABLE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NON APPLICABLE

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TALLAHASSEE, FLORIDA

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:

NON APPLICABLE

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
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		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

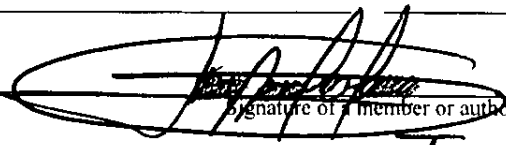
THE RIGHT NAME OF THE SECOND MGRM IS DAVID DUENAS

EIN: 47-3699226

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 14, 2015



Signature of a member or authorized representative of a member

JOSE ANGEL BLANCO GRATEROL

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA