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D. SCOTT
NOV 28 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMP TRADING USA 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:

DIEGO L P SAMPAIO

Name of Person

COMPANY COMBO, LLC

Firm/Company

8751 COMMODITY CIRCLE, UNIT 5

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@COMPANYCOMBO.COM

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

For further information concerning this matter, please call:

DIEGO SAMPAIO

at (866) 428-2030

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CMP TRADING USA 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 06/23/2015 and assigned Florida document number L15000108495.

This amendment is submitted to amend the following:

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

3ITRADE USA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8751 COMMODITY CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

SUITE # 5 OFFICE 204

ORLANDO, FL 32819

Enter new mailing address, if applicable:

8751 COMMODITY CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE # 5 OFFICE 204

ORLANDO, FL 32819

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:

COMPANY COMBO, LLC

New Registered Office Address:

8751 COMMODITY CIRCLE, UNIT 5

Enter Florida street address

ORLANDO

Florida

32819

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 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCUS CAMPOS	5323 MILLENIA LAKES BLVD.,	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FELIPE ROSSI	1442 Pro Shop Court	<input type="checkbox"/> Add
		ChampionsGate, FL	<input type="checkbox"/> Remove
		33896 - US	<input checked="" type="checkbox"/> Change
MGR	Samio Cassio Santana Silva	R. Professora Maria Elisa Soares <i>ROSA, 411</i>	<input checked="" type="checkbox"/> Add
		Sorocaba, SP	<input type="checkbox"/> Remove
		18017408 - BR	<input type="checkbox"/> Change
MGR	Cássio Iachel Marques	1314 Moss Creek	<input checked="" type="checkbox"/> Add
		Davenport, FL	<input type="checkbox"/> Remove
		33896 - USA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER, 18TH, 2016

Handwritten signature of Diego L P Sampaio

Signature of a member or authorized representative of a member

DIEGO L P SAMPAIO

Typed or printed name of signee

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