LECOENY

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DEC 01 2015 S. YOUNG

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	BL GLOBA	L TRADING LLC			
SUBJECT.	Name of Limited Liability Company				
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Silvana Salcedo			
			Name of Person		
•		Casin Consulting LLC			
			Firm/Company		
		1110 Brickell Ave. Suite 8	06		
			Address		SEC 5
					蓝 夏 五
			City/State and Zip Code		30 PI
		Miami, FL 33131			THE PARTY
		E-mail address: (to be used for future annual report notific	cation)	T.00
For further is	nformation co	ncerning this matter, please ca	all:		30 PM 4: 49 ARY OF STATE ASSEE, FLORIDA
ssalcedo@c	asinasoc.com		305 332-6737		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	check for the	e following amount:			
\$25.00 E	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

TO:

Registration Section

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

BL GLOBAL TRADING LLC			
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited I Florida document number L15000159414	Liability Compa	any were filed on 9/18/2015	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited li	iability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		N/A	= = = = = = = = = = = = = = = = = = =
(Mailing address MAY BE A POST OFFICE	E BOX)		
			全型 三 可
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address b	l office address on our records, nere:	国
Name of New Registered Agent:	N/A		AGRADA STRATE 64 #
New Registered Office Address:	N/A		
		Enter Florida street address	
,		Flor	ida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
MGR	MONICA MAYER	907 Stanton Dr.	Add
		Weston, FL 33326	■ Remove
		<u></u>	☐ Change
			
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ote: If the	e date inserted in t	the date of Incident must be specific a third block does no	t meet the appli	cable statutory fil	ing requirements,	this date will no	ant to 665.02 of be listed
cument's	effective date on	the Department o	f State's records	5.			
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The 90t	h day after the	layed effective e record is file	d.	ot an effective	time, at 12:0	ol a.m. on th	e earlier
ited Nove	ember 23		, 2015	·			
		/	101				
			Much	orized representati			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00