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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	··
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration So Division of Co			
	A Buy Sell	Trade LLC		
SUBJI		- Name of Lin	nted Fiability Company	· - - -
The en	closed Articles of	Amendment and fee(s) are sub-	omuted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Claudio Carmona		
			Name of Person	
		A Buy Sell Trade LLC		
			Firm/Company	
		3468 Military Trail		
			Address	
		Lake Worth , Florida 3346	, r	
		Abuyselltrade@gmail.com	City State and Zip Code	
		E-mail address: (to be used for future annual report noti	tication)
For fur	ther information c	oncerning this matter, please co	all;	
Claudo	o Carmona		561 250-2000	
	Name o	f Person	at () Area Code — — Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:	,	
□ S25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS; ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2001 Executive Ce	u ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Buy Sell Unide 4.13			
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	nears on our records.) ny)	
The Articles of Organization for this Limited I	iability Company were filed or	i 6/15/2011 and	1 assigned
Florida document number 1.11n00n70180	•.		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation	m "L.L.C."
Enter new principal offices address, if appli	cable:		_
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	<u> </u>	_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		4	
		A A	b
		ASS A	i : ;
B. If amending the registered agent and	Mor registered office addres	s on our records, enter the th	ime of the nev
registered agent and/or the new registered of	office address here:	AH U: FLOR	
		OR OR	
Name of New Registered Agent:	Claudio Carmona	5	
New Registered Office Address:	3468 Military Trail		
New registered 22 rice Address.	Ente	er Florida street address	
	Lake Worth	Florida ^{3,3467}	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/mi	Codo

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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
AMBR	Claudio Curmona	4150 Tumberry Unele #34 Lake WeixH4	∃ Add
		Florida, 33467	□ Remove
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D. If amending any other info	emation, enter change(s) here: (Atta	ch additional sheets, if necessary.)	
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E. Effective date, if other than	i the date of filing:	(optional)	
(If an effective date is listed, the date Note: If the date inserted in the	te must be specific and cannot be prior to date of	of filing or more than 90 days after tiling.) Pursuant to 6 fututory filing requirements, this date will not be li	05,0207 (3)(b) sted as the
If the record specifies a del (b) The 90th day after the	ayed effective date, but not an e record is filed.	effective time, at 12:01 a.m. on the ear	•
,		Jake 1 1	VL, (-)
Dated	2017	/	٠.
	Lucido (de remeros authorized in	- 10 (A) 1/1	· · · ,
	Signature of a member of authorized re	epiesentative of a member	
	CCACIDED CACAO. Typed of printed name	NH.	

Page 3 of 3

Filing Fee: \$25.00