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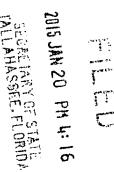
•	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
<del></del>	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section · Division of Corporations

SURIFCT

**RED W 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:

**GUSTAVO CASTILLO** 

Name of Person

CASTILLO CPA, PA

Firm/Company

8300 NW 53RD STREET, STE 350

Address

**DORAL**, FL 33166

City/State and Zip Code

GC@CASTILLOCPA.NET

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

For further information concerning this matter, please call:

GUSTAVO CASTILLO

305<sub>282-3458</sub>

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

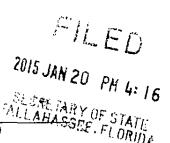
☐\$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**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**



RED W 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 Florida document number L0000000648	were filed on JANUARY 19, 2000 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1850 NW 84TH AVE, SUITE 116
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33126
Enter new mailing address, if applicable:	1850 NW 84TH AVE, SUITE 116
(Muiling address MAY BE A POST OFFICE BOX)	MIAMI, FL 33126
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> g:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager FILED or Managing Member being added or removed from our records: 2015 JAN 20 PM 4: 16 Type of Action MGR = Manager MGRM = Managing Member FALLAHASSEE, FLORIDA Title Name **Address** Add Remove Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
,	A
,	01/16/2015
Dated	
	Signature of a member of hythorized representative of a member
	Luciano Zucki/
	Types or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED PH 4: 16