L0300035454

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(6)		- 40
(CII	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





200313063252

05/10/18--01012--021 **60.00

ALLAHASSET FINAIE

By Courier

Registration Section Division of Corporation P.O. Box 6327 Tallahasse, FL 32314

8th of May, 2018

Dear Sir / Madam,

We kindly request your attention for the following:

Please find enclosed filled out Articles of Amendment to Articles of Organization form for the change of the name of the Bextro LLC. The LLC contains such information:

- Document Number L03000035454
- Articles were filed on the September 18th 2003 with effective date September 16th 2003;
- The address of the LLC is 1001 Brickell Bay Drive, Suite 2908, Miami. FL 33131;

Kindly ask you inform us once the change has been completed, send the scan copy to my attention to the emails as provided per below:

vl_usasupport@amicorp.com / a.anuse@amicorp.com

In case you can send the originals, could you dispact the parcel to the address indcated as per above.

Sincerely,

Stichting Welbewaard:

Rep. By: Interside Management N.V.

By:Anneliese Garcia-de Jongh / Cerilio Maduro

Title:Director and Proxy Holder

COVER LETTER

то:	Registration Sec Division of Corp			
CHIDAG	OTT.	BEXT	ROLLC	
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Byfield Leyshon,		
			Name of Person	
		Amicorp Corporal	te Services LLC	
			Firm/Company	
		1001 Brickell Bay	Drive, Suite 290	8
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		vl_usasupport@ar	nicorp.com / a.ar	use@amicorp.com
For furth	ner information co	ncerning this matter, please ca	dl:	
Byfie	ld Leyshon,	Careen A.	a ₁ (+1305	3003921
	Name of		Area Code	Daytime Telephone Number
Enclose	d is a check for the	e following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	\$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

DEVEDALLA

BEXTRU L		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on September 18, 20 with effective date Se	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
TRECENO LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the al	abreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:	N/A	TAKE THE T
New Registered Office Address:	N/A Enter Florida street address	ASSE TO
	, Florida	TO B
	City	Bede : O
New Registered Agent's Signature, if changing Registered Agent:		2 -

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
			Add
			D Remove
			Change
		☐ Remove	
			Change
·			🗆 Add
		☐ Remove	
			Change
		Add	
		☐ Remove	
			☐ Change
		□ Add	
		☐ Remove	
			Change
			🗖 Add
			☐ Remove
			Charac

	A CONTRACTOR
	<u> </u>
	ASS
	F. 14
E. Effective date, if other than the date of filing: May 7th, 2 (If an effective date is listed, the date must be specific and cannot be prior to date of	018 (optional)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an eff (b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
Dated May 7th 2018	
To Color	
Dated May 7th 2018 Signature of a member or authorized teps	eseniative of a member

Page 3 of 3

Filing Fee: \$25.00