L04000069055

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Booding), Tallingory						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
JUN 1 9 2009						
EVANNER						

Office Use Only



500149613825

04/15/09--01027--005 **43.75

SECRETARY OF STATE

9 JUN 17 PM 1:4:



April 17, 2009

MARLENE DE ALENCAR 12843 SW 135 TERR MIAMI, FL 33186

SUBJECT: FVP TRADING COMPANY LLC

Ref. Number: L04000069055

TILEU

MINIT PH 1:47

SECRETARSEE, FLORID

We have received your document for FVP TRADING COMPANY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 409A00012855



May 7, 2009

MARLENE DE ALENCAR ***2ND MAILING*** 12843 SW 135 TERR MIAMI, FL 33186

SUBJECT: FVP TRADING COMPANY LLC

Ref. Number: L04000069055



We have received your document for FVP TRADING COMPANY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 409A00012855

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT:	FVP TRADI	NG COMPANY LLC		_	
		Name of Lim	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	oondence concerning this matter	to the following:			
	MARLENE DE ALENCAR					
			Name of Person			
Firm/Company 12843 SW 135 TERR Address			_			
					2009 SEC TALL	
MIAMI, FL 33186 City/State and Zip Code					JUN I	7
					2009 JUN 17 PM 1:47 SECRETARY OF STATE ALLAHASSEE, FLORIDA	רבי
		E-mail address: (to be used for future annual report	notification)	I: 4: STATE LORID	C
For fur	ther information	concerning this matter, please of	eall:		D	
		NE DE ALENCAR of Person	at (_786_) Area Code & De	242-1745 aytime Telephone Numb	per	
Enclos	ed is a check for	the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAII	LING ADDRESS:	STREET/CO	URIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

4

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		COMPANY LI			
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on	09/17/2004	and assigned	
Florida document numberL0400006	9055				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :		
	N/A				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if appli	cable:	N/A	A		
(Principal office address MUST BE A STRE	ET ADDRESS)		SS		
			<u> </u>		
Enter new mailing address, if applicable:		N/A	FLORIO	S	
(Mailing address MAY BE A POST OFFICE		D			
B. If amending the registered agent and registered agent and/or the new registered of	_		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		En	nter 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> ADILSON F MENDES SAN MGR 12843 SW 135 TERR MIAMI, FL 33186 Add Remove ☐ Add Remove □Add ☐ Remove **7** Add Ranove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 27** 2009 Dated ___ Signature of a member or authorized representative of a member MARLENE DE ALENCAR

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00