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10 JUN -2 AN 部

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN - 3 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

EMET TRADING CO., L.L.C SUBJECT: _ 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: JIM SIERRA Name of Person TAXSMART, LLC Firm/Company 5550 SW 87 AVE Address MIAMI, FL 33165 City/State and Zip Code SIERATAX@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JIM SIERRA Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **✓** \$25.00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee, \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EME	ET TRADING CO.,L.L.C	•	
(<u>Name of the Limited L</u> (A F	iability Company as it now appear lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number	bility Company were filed on		and assigned SECRET
This amendment is submitted to amend the follow			ARY OF CORP
A. If amending name, enter the new name of t			OR A
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "L	LC" or the abbre dation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ter Florida street addi	ess
		, 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>	<u>Name</u>	Address	Type of Action
MGRM	JAVIER OVALLE SALGADO	CALLE 71B#87-12 APTO #130 BOGOTA, COLOMBIA	Add Remove
			Add Remove
			Add Remove
•····•			Add Remove
			Add Remove
			Add Remove
D. If amend		nge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS 10 JUN -2 AH 13 34
Dated	MAY 26	2010	-
	E	per or authorized representative of a member WIN MANJARRES ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00