

FROM : LAZARUS
Division of Corporations

FAX NO. : (305) 220-1440

Aug. 24 2009 12:05PM

L08000015769

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000187652 3)))



H090001876523ARCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 24 AM 8:40

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

COMTRADE INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
09 AUG 24 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H09000187652

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COMTRADE INTERNATIONAL 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 were filed on 02/13/2008 and assigned
Florida document number L08000015769

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BOANERGES A. UGARTE-GUZMAN

New Registered Office Address:

6799 N.W. 87 AVE

(Enter Florida street address)

Miami

(City)

Florida

33178

(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. 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)

H09000187652

FROM : LAZARUS

FAX NO. : 3052201440

Aug. 24 2009 01:05PM P3

H09000187652

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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGRM	FABRIZIO PAREJA		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
------	-----------------	--	--

MGRM	BOANERGES A. UGARTE - GUZMAN	6799 N.W. 87 AVE MIAMI FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
------	------------------------------	------------------------------------	--

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Signature of a member or authorized representative of a member

BOANERGES A. UGARTE - GUZMAN

Typed or printed name of signee

FILED
2009 AUG 24 AM 8:40
SECRETARY OF STATE
FLORIDA
TALLAHASSEE