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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

		ation Secti 1 of Corpo			
, SUBJECT:	<u>Pr</u>	otrade	Caribbean LLC (Name of Lim	ited Liability Company)	
i			,		
The enclosed	d An	icles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return	all	correspond	lence concerning this matter	to the following:	
			Enrique Nowogrodzki, C		
				(Name of Person)	
			CPA Services		
				(Firm/Company)	and the second of the second o
			18501 Pines Blvd - Suite	204	
			·	(Address)	
			Pembroke Pines, FL 330	29	
				(City/State and Zip Code)	
For further in	nfori	nation con	cerning this matter, please c	all:	
Enrique No	wog	rodzki, Cf	PA	at (954) 261-2413	
		(Name of I	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a	a che	ck for the	following amount:		
\$25,00 F	iling	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

FILED

08 AUG 25 PH 12: 27

SECRETARY OF STATE TALLAHASSEE FLORIDA

Protrade Caribean LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A)	Torida Elimica El	admity Company)	
The Articles of Organization for this Limited Lia	bility Company	were filed on <u>6/19/08</u>	and assigned
Florida document number L08 00 00 601 31	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liabi	lity company here:	
Protrade Caribbean LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," t	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	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 B	<u>0X)</u>		
5 16 11 11 11 11			
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, enter the name of the new
Name of New Registered Agent:	n/a	1.0	
New Registered Office Address:			
		(Enter F	lorida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

•	Name	Address .	Type of Action
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	n/a		
	n/a		_
			Add Remove
			□ Damouo
			Remove
	g any other information, enter	change(s) here: (Attach additional sheets, i	f necessary.)
	re only correcting the company	name as "Protrade Caribbean LLC" (with two	o b's)
	re only correcting the company	name as "Protrade Caribbean LLC" (with two	Ö8 AUG SECKET
		2008 Marke Rodges	

Page 2 of 2

Filing Fee: \$25.00