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(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

	Registration Section Division of Corporations	+	ā
SUBJEC	:r: Intertrade	Accounts Receivable Financing, LLC	
00000	•	Name of Limited Liability Company	
The encl	osed Articles of Amendment ar	nd fee(s) are submitted for filing.	
Please re	turn all correspondence concer	rning this matter to the following:	
		FAUSTO H SANCHEZ	
		Name of Person	
		FHS & Hnos., Inc.	
		Firm/Company	
		600 Grapetree Drive, 11CS	
		Address	
		Kay Biasayas Elarida 00140	
		Key Biscayne, Florida 33149 City/State and Zip Code	
		faustosanchz@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furth	er information concerning this	matter, please call:	
	FAUSTO H SANC	CHEZ at (305) 361-9101	
	Name of Person	Area Code & Daytime Telephone Number	_
Enclosed	is a check for the following ar	mount:	
\$25.0	0 Filing Fee \$30.00 Fi	iling Fee & S55.00 Filing Fee & S60.00 Filing Fe cate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy	Status &
	MAILING ADDRES Registration Section Division of Corporation	Registration Section	
	P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intertuado Acestrato Descivable Financias III.

(Name of the Limited	Liability Company as it now anno	are an our recorde \		
(A	Liability Company as it now appe Florida Limited Liability Company)		
The Articles of Organization for this Limited Lie Florida document number		March 11, 2009 and Regree Transfer		
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company h	ere:		
	Intertrade Finance, LLC	ઝ		
The new name must be distinguishable and end with "L.L.C."		pany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>			
registered agent and/or the new registered off		our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Northstar Media Group, Inc	545 Satinwood Dr. Kev Biscavne, Florida 33149	Add Remove
MGRM	Northstar Media Group, Inc	210 Knollwood Drive Kev Biscavne, Florida 33149	Add Remove
		•	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_
 Dated	February 24	15, .	_
	Jampa	ndus	
	_	or authorized representative of a member	
		STO H SANCHEZ or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00