L090000a7731

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EXAMINER

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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	NEW WORLD	TRADER, LLC			
SUBJECT.		ted Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	_			
	P	EDRO A. URIBE			
		Name of Person			
	NAM M	Firm/Company		2010 SEI TALL	
	1212 BEA	TRICE DR.		2010 JAN 25 SECRETARY (ALLAHASSI	7
	- 112	Address		25 SSE SSE	
	OTILAND	0, FL 32810		PH 3: 5(OF STATE E. FLORID	
	PEDROURIBE (E-mail address: ()	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	tion)	PH 3: 50 Y OF STATE SEE FLORID	
For further information of	concerning this matter, please c	all:			
PEDRO Name o	URIBE of Person	at (407) 529 - 53 Area Code & Daytime T	322_ Celephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	ed)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW WORLD TRADE	ER, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	pany as it now appears on our records.) d Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900077731</u> .	ny were filed on3/23/2009 and assigned	d			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	ability company here:				
The new name must be distinguishable and end with the words "Lim"L.L.C."		viation			
Enter new principal offices address, if applicable:	ARAR BEATRICE DR. CO				
(Principal office address MUST BE A STREET ADDRESS)	ORLWOO FL 32810 2	= '			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1212 BEATRICE DR. OFF ST				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		e new			
Name of New Registered Agent:		<u>. </u>			
New Registered Office Address:	Enter Florida street address				
 	. 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 amenoing 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 = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
			Add Remove
			2018 SEE-JAB
		3000	:_/ UI I
		P	S S O
		- <u> </u>	Add Remove
D. If am	ending any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_
			_
			_
Dated	SAUVARY 18th	2010/	
	Signature of a m	nember/or authorized representative of a member PEDRO A. URIBE	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00