

**LOA00077089**

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

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AMERICAN TRADE SOLUTIONS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

**D. BRUCE**

SEP 12 2012

**EXAMINER**

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Corporate Filing Menu

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H120002238583

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AMERICAN TRADE SOLUTIONS 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 8/11/2009 and assigned  
Florida document number LO9000077089

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 "LLC."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

1845 NW 112 AVE UNIT 195  
MIAMI FL 33172

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

1845 NW 112 AVE UNIT 195  
MIAMI FL 33172

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:

BLANCHARD, ALEJANDRO

New Registered Office Address:

1845 NW 112 AVE UNIT 195

Enter Florida street address

MIAMI

Florida

33172

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 606, 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

CLARA GERALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

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TALLAHASSEE, FLORIDA

09/11/2012 11:42 3054851098

BERRIZ&GIRALDO

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At the time of adding 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

H120002238583

| Title | Name                 | Address                                                 | Type of Action                                                             |
|-------|----------------------|---------------------------------------------------------|----------------------------------------------------------------------------|
| MGR   | BLANCHARD, ALEJANDRO | 2441 NW 93 <sup>RD</sup> AVE STE 109<br>DORAL, FL 33172 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| MGR   | CALDERA, LEONEL      | 2441 NW 93 <sup>RD</sup> AVE STE 109<br>DORAL, FL 33172 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| MGR   | QUINONES, JAIRO      | 2441 NW 93 <sup>RD</sup> AVE STE 109<br>DORAL, FL 33172 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| MGR   | AGUIRRE, HEZEL J     | 2441 NW 93 <sup>RD</sup> AVE STE 109<br>DORAL, FL 33172 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                      |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                      |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

MGR: CHANGE Address: BLANCHARD, ALEJANDRO (1845 NW 112 AVE Unit 195 MIAMI, FL 33172)  
MGR: CHANGE Address: CALDERA, LEONEL (1845 NW 112 AVE Unit 195 MIAMI, FL 33172)  
MGR: QUINONES, JAIRO (1845 NW 112 AVE Unit 195 MIAMI, FL 33172)

DELETE: MGR AGUIRRE, HEZEL J

Dated SEPTEMBER 7, 2012

Signature of a member or authorized representative of a member

ALEJANDRO BLANCHARD

Typed or printed name of signer