

L09000077089
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000258262 3)))



H140002582623ABC/

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

From: Account Name : CLARA GIRALDO, P.A.
Account Number : J19990000017
Phone : (305) 485-9300
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FILED
DIVISION OF STATE
CORPORATIONS
AMERICAN TRADE SOLUTIONS

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

Email Address: _____

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

Certificate of Status	0
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CLARA GIRALDO P.A

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November 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AMERICAN TRADE SOLUTIONS, LLC
1845 NW 112 AVE UNIT 195
MIAMI, FL 33172

SUBJECT: AMERICAN TRADE SOLUTIONS, LLC
REF: L09000077089

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must indicate if you are adding or removing Alejandro Blanchard as MGRM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H14000258262
Letter Number: 214A00023779

RECEIVED

14 NOV -6 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

14 NOV -6 PM 12:39

SECTION OF
DIVISION OF CORPORATIONS

H140002582623
**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 *08/11/2009* 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 "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: _____

New Registered Office Address: _____

Enter Florida street address

City

Florida

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 605, 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

H14 000 258 2623.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
	MGRM BLANCHARD, ALEJANDRO	1845 NW 112 Ave	<input checked="" type="checkbox"/> Add
		Unit # 195	<input type="checkbox"/> Remove
		Miami FL 33172	

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

	MGRM CONTRERAS, ALEJANDRA	1845 NW 112 Ave	<input type="checkbox"/> Add
		Unit # 195	<input checked="" type="checkbox"/> Remove
		Miami FL 33172	

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

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

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DIVISION OF REGISTRATION

H14 000 258 2023

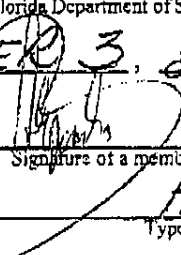
D. Depending on any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DELETE: NORM MONTERAS, ALEJANDRA.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 3, 2014.



Signature of a member or authorized representative of a member

ALEJANDRO BLANCHARD.

Typed or printed name of signer

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SECTION OF REGISTRATIONS