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J. BRYAN

DEC - 2 2009

EXAMINER

COVER LETTER

то:	, Registration Section Division of Corporations		•		
SUBJE	ССТ:	Vnivex Name of Limi	Trading Group LL ted Liability Company	.C	
The end	closed Articles of Amendmen	t and fee(s) are sub	omitted for filing.		
Please i	return all correspondence con	cerning this matter	to the following:		
			Salomon Benday	an	
			nivex Trading Grov	P LLC	至
			110 Brickell Ave Address	#800	OS DEC-1 AND: 39 SECRETARY OF STATE PALLAHASSEE. FI. DRIFT
			MIAMI FC 33 City/State and Zip Code	3131	EE. FI. 99
		E-mail address: (omon b 2 6 9 mail Cost to be used for future actual report notifica	ation)	DE.
For fur	ther information concerning t	his matter, please o	call:		
	Name of Person		at (<u>786) 553-32 00</u> Area Code & Daytime 7	O Telephone Number	***************************************
Enclose	ed is a check for the following	g amount:			
	m 4	0 Filing Fee & tificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified C (additional	of Status &

<u>ئي</u> ، ،

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

(Name of the Limited Liabi	ex Trading 6. lity Company as it now appe	roup ars on our rec	LLC ords.)
(A Florid	da Limited Liability Company)		·
The Articles of Organization for this Limited Liability		9/10/09	and assigned
Florida document number <u>L 09 9000 8</u> ²	<u>t3.18</u>		
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability company he	e <u>re</u> :	
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Comp	oany," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			T SE SE T
			超りド
Enter new mailing address, if applicable:			- SS - M
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	 	Fo 3 C
			FS C
			PRINCE STATE
B. If amending the registered agent and/or req registered agent and/or the new registered office a		our records	, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		nter Florida s	street address
		, Fl	orida
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Address Name **Type of Action** Marm David Bendayan 1110 Brickell Ave #800 WAdd Add Remove ☐ Add Remove $\prod Add$ Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Salomon Bendayan

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00