# 10000001678

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## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJ	FCT:		A TRADING LLC		
3013	EC1.		ted Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspondent	ondence concerning this matter	to the following:		
Albert Corrada					
Name of Person					
Albert Corrada CPA					
Firm/Company					
265		2655	LeJeune Road Suite 902		
			Address		
	Coral Gables, FL 33134				
			City/State and Zip Code		
	Acorrada@corradacpa.com  E-mail address: (to be used for future annual report notification)				
For fu	ther information of	concerning this matter, please ca	·		
Albert Corrada  Name of Person			at ( 305 ) 80  Area Code & Daytime T	04-8569	
	Numb	1 (130)	Aca code a Daytine i	elephone (value)	
Enclos	ed is a check for t	he following amount:			
<b>□</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

### 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

MABECOZA TR			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears oblity Company)	on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL1000007678			and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "LLC	" or the abbreviation
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 registered agent and/or the new registered office address here:	ce address on our	records, enter the	name of the nev
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		4	
	Enter	Florida street address	် ယ
	Cit	, Florida 🚟	
	City		ip Gode
New Registered Agent's Signature, if changing Registered Agent:		173.612	

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 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 = Ma	naging Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Marcelo Coello	2655 LeJeune Road Suite 902 Coral Gables, FL 33134	Add Remove
<del></del> .			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
			Add Remove 
			Add Remove
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			_
	Sontamber 12	4 0 1	<del>-</del>
Dated	September 12 , 201		
_	Signature of a member of	or authorized representative of a member	<del> <u>-</u></del>
		race G. Paez	
		r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00