

L10000023518

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(City/State/Zip/Phone #)

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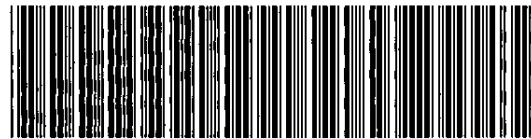
(Business Entity Name)

(Document Number)

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2009 SEP 20 PM 4:26
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 21 2010

EX-100-100

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JOSEPH TRADING & CAPITAL LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO J VALENTIN

Name of Person

JOSEPH TRADING & CAPITAL LLC.

Firm/Company

11767 S. DIXIE HWY #288

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

valentinpedro@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO J VALENTIN

Name of Person

at (305)

251- 7335

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

FILED

2010 SEP 20 PM 4:26

JOSEPH TRADING & CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/02/2010 and assigned
Florida document number L100000023518

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

11767 S. DIXIE HWY #288

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33156

Enter new mailing address, if applicable:

11767 S. DIXIE HWY #288

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33156

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:

PEDRO J VALENTIN

New Registered Office Address:

11767 S. DIXIE HWY #288,

Enter Florida street address

MIAMI, FLORIDA

, Florida

33156

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.

Pedro J. Valentin
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TATIANA PEREIRA DA Costa <i>Cunha</i>	1167 S. DIXIE HWY #288 MIAMI, FLORIDA 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	INGRID BARBOSA	8220 NW 30TH. TERRACE DORAL, FL 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

Dated 09 - 13, 2010.

Signature of a member or authorized representative of a member

Joseph C. Pereira
JOSEPH C. PEREIRA
Typed or printed name of signee

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