

9/24/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : 120020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

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  
FENIXTRADE LLC

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FENIXTRADE, 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:

**MARTIN REYES**

Name of Person

**SILVAS FINANCIAL SERVICES, LLC**

Firm/Company

**5220 S UNIVERISTY DR STE C-102**

Address

**DAVIE, FL 33328**

City/State and Zip Code

**ACCOUNTING3@SILVASFINANCIALSERVICES.COM**

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

For further information concerning this matter, please call:

**JACK LUDVIN**

Name of Person

at **786 547-9492**

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

FENIXTRADE, 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 04/23/2010

Florida document number L10000043904

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)

1380 NE MIAMI GARDENS DRIVE

SUITE 242

NORTH MIAMI BEACH, FLORIDA 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS PRINCIPAL

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:

N/A

New Registered Office Address:

N/A

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

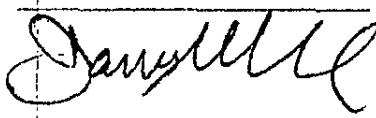
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JACOBO LUDVINOVSKY	20801 BISCAYNE BLVD STE 403	<input type="checkbox"/> Add
		MIAMI.FL 33180	<input checked="" type="checkbox"/> Remove

MGR	JACK LUDVIN	1380 NE MIAMI GARDENS DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 242	<input type="checkbox"/> Remove
		NORTH MIAMI BEACH, FLORIDA 33179	

MGR	DANIELA SICHEL LUDVIN	1380 NE MIAMI GARDENS DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 242	<input type="checkbox"/> Remove
		NORTH MIAMI BEACH, FLORIDA 33179	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H14000224644 3

N/A

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 SEPTEMBER 23RD, 2014

Signature of a member or authorized representative of a member

  
JACK LUDVIN

Typed or printed name of signer

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14 SEP 24 PM 4:45  
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TALLAHASSEE, FLORIDA