Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000155273 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087 Phone : (954)389-1333 : (954)389-1397

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

B	9 4 4			
アゼセガヴ	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEXPORT TRADING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Corporate Filing Menu

O SIMMONS JUN 1 2 2017 Help

Electronic Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V	WEXPORT TRADING, LLC				
(Name of the Limi	(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 L Florida document number L10000081391	lability Company	were filed on $\frac{8/3/16}{2}$	and assigned		
This amendment is submitted to amend the following	owing:		. 5		
A. If amending name, enter the new name of	f the limited liab	ility company here	•		
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the design	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		10705 NW 75 STF	KEET		
(Principal office address MUST BE A STRE)		DORAL, FL 33178			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10705 NW 75 STE			
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	ur records, enter the name of the r		
Name of New Registered Agent:	SALVER & CO	JOOK, LLP			
New Registered Office Address:	2721 EXECUTIVE PARK OR., SUITE 4				
			street address		
	WESTON	44	, Florida ³³³³¹		
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	Anager Authorized Member	. #14.7 	
<u>Title</u>	Name	Address	Type of Action
	·		D:Add—3
			D Remove
			□ Change
			ු දී bbA
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			bbA 🗆
			_ □ Remove
			□ Change
			D Add
		*	☐ Remove
			Change

ARTICLE III: IS AMENDED TO READ.	ANY AND ALL LAWFUL BUSINESS AND WHOLESALE	٠
GRAIN TRADING		 ,
		_
		-
	-rie	
	·	
		_
ive date, if other than the date of filing octive date is listed, the date must be specific and	g: (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	505.0
If the date inserted in this block does not nent's effective date on the Department of S	neet the applicable statutory filing requirements, this date will not be	isted
ord specifies a delayed effective of 90th day after the record is filed.	date, but not an effective time, at 12:01 a.m. on the ea	rile
	. 	
× 6/9	. <u>Zo(+</u> .,	
V & SIMA	2/1/04	

Page 3 of 3

Filing Fee: \$25.00