Florida Department of State

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Fax Number : (850)617-6383

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Account Name : BARINAS & ASSOCIATES INC.

Account Number : 120000000082 Phone

: (305)871-0889

Fax Number

: (305)870-9623

L. SELLERS

SEP -7 2010

EXAMINER

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

| Email A | idress: | | | | |
|---------|---------|--|--|--|--|
| | | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K&C TRADE ENTERPRISES LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | <u>ERPRISES</u> | | | |
|--|---|---|---|-------------------------|----------|
| (Name of the Limited U. (A Fl | ability Company orida Limited Lie | y <mark>as it now appe</mark> r ability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Liab Florida document numberL1000008424 | | vere filed on | August 11, 2010 | and assigne | ∍d |
| This amondment is submitted to amend the following | ing: | | | | |
| A. If amending name, enter the new name of th | <u>re limited liabil</u> | ity company he | <u>re</u> : | | |
| | VeneTradin | | | <u></u> | |
| The new name must be distinguishable and end with the "L.L.C." | he words "Limite | d Liability Comp | any," the designation "LI | C" or the abbr | eviation |
| Enter new principal offices address, if applicab | le: | | · | | |
| (Principal office address MUST BE A STREET) | ADDRESS) | - | | | |
| | | | | | |
| Enter new maili <mark>ng address, if applicable:</mark> (Mailing address MAY BE A POST OFFICE BO | <u>)X)</u> | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | | our records, enter th | e name of t | he new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | . | |
| | | E | nter Florida street addr | S S | |
| | | | , Florida | | |
| | | City | | Zin Code | 444 |
| New Registered Agent's Signature, if changing Reg | gistered Agent: | | | | 'n |
| I hereby accept the appointment as registered a the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch | per and comple ered agent as pe gistered office o | ete performanc rovided for in (| e of my duties, and I at Chapter 608, F.S. Or, i | E Lacomery This docume | with and |

. . . .

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 | | | | | |
|---|--|---|----------------|--|--|
| Title | <u>Name</u> | Address | Type of Action | | |
| <u></u> | | | Add | | |
| | | | Add Remove | | |
| | *** | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add | | |
| D. If amen | ding any other information, enter change(s |) bere: (Attach additional sheets, if necessary.) | · | | |
| | | | | | |
| | September 1 2010 | n | | | |
| Dated | * Turney | r authorized representative of a member | | | |
| | MARIA C. HE | RCULES DE POLICAST | ···· | | |

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