

L10000112818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

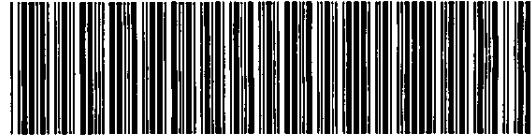
(Document Number)

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14 APR 11 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 15 4:17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pink Trebol Holdings 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:

Gustavo Morales

Name of Person

Alpha-Trust Group, Inc.

Firm/Company

PO Box 11963

Address

Miami, FL 33101

City/State and Zip Code

contact@alpha-trust.com

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

For further information concerning this matter, please call:

Gustavo Morales

Name of Person

at ( 305 ) 7048795

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**

Pink Trebol Holdings 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 10/28/2010 and assigned  
Florida document number L10000112818.

This amendment is submitted to amend the following:

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

International Trebol Group, LLC

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:

80 SW 8TH ST. STE. 2000

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33130

Enter new mailing address, if applicable:

P.O. Box 11963

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33101

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APR 11 PM 4:31  
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TALLAHASSEE, FLORIDA

**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:

Alpha-Trust Group, Inc.

New Registered Office Address:

80 SW 8TH ST. STE. 2000

Enter Florida street address

Miami

City

Florida 33130

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TADDEI, HAIDEE	601 BRICKELL KEY DRIVE #702, MIAMI, FL 33131	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TADDEI, DIANA	808 BRICKELL KEY DRIVE #1601, MIAMI, FL 33131	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TADDEI, URSULA	808 BRICKELL KEY DRIVE #1601, MIAMI, FL 33131	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TADDEI, URSULA	80 SW 8TH ST. STE. 2000, MIAMI, FL 33130	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GOMEZ, SHARON	80 SW 8TH ST. STE. 2000, MIAMI, FL 33130	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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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 APRIL 9 , 2014

Signature of a member or authorized representative of a member

GUSTAVO MORALES

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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14 APR 11 PM 4:34  
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