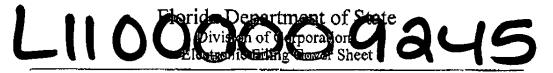
9543891397

Page 1 of 1



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.

(((H15000130579 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

: (954)389-1333

Phone Fax Number

: (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. \*\*

| Email | Address: |  |  |  |  |
|-------|----------|--|--|--|--|

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MVS TRADE CO. LLC

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

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | MVS TRADE CO                           |   |                               |
|---|--|---|-------------------------------|
| (Name of the Limite                                     | d Liability Comps<br>A Florida Limited | ny as if now appears on our recor<br>Liability Company) | ds,)                          |
| The Articles of Organization for this Limited Lia       | ability Company                        | were filed on 1/24/11                                   | and assigned                  |
| Florida document number L11000009245                    | •                                      |   |                               |
| This amendment is submitted to amend the follo          | wing:                                  |   |                               |
| A. If amending name, enter the new name of              | the limited liab                       | ility company here:                                     |                               |
| The new name must be distinguishable and contain the we | ords "Limited Liabi                    | lity Company," the designation "LL                      |                               |
| Enter new principal offices address, if applica         | ble:                                   | 6551 NW 112 PLACE                                       | SEC SEC                       |
| (Principal office address MUST BE A STREE)              | (ADDRESS)                              | DORAL, FL 33178   | 유유 들 기                        |
|   |  |   | ASA I                         |
| Enter new mailing address, if applicable:               |  | 6551 NW 112 PLACE                                       |                               |
| (Mailing address MAY BE A POST OFFICE B                 | <u>oxi</u>                             | DORAL, FL 33178   | 요절 :                          |
| B. If amending the registered agent and/o               |  |   | is, enter the name of the new |
| Name of New Registered Agent:                           |  |   |                               |
| New Registered Office Address.                          | 6551 NW 112                            |   |                               |
|   | DORAL                                  | Enter Florida street addre                              | 22170                         |
|   | ~ (101L)                               | , <b>F</b>  | lorida 331 /8 Zip Code        |
| New Degistered Agent's Signature if changing P          | oristared Acest                        | ,   | ·                             |

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 = Manager AMBR = Authorized Member

9543891397

| <u>Title</u> | Name                         | Address           | Type of Action         |
|--------------|------------------------------|-------------------|------------------------|
| MGRM         | Dem Construction Corporation | 6551 NW 112 PLACE |                        |
|              |                              | DORAL, FL 33178   | □ Remove               |
|              |                              |                   | ■ Change               |
|              |                              |                   | O Add                  |
|              | •                            |                   | □ Remove               |
|              |                              |                   | ☐ Change               |
|              |                              |                   | □ Add                  |
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|              |                              |                   | Add                    |
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|              |                              |                   | DI Change              |
| <del></del>  |                              |                   | AHASSEE FLORING Remove |
|              |                              |                   | Remove                 |
|              |                              |                   | ☐ Change               |
| <del></del>  |                              |                   | D Add                  |
|              |                              |                   | □ Remove               |
|              |                              |                   | Change                 |

| Effective date, if other than the date of filing:  (optional)  (far effective date is listed, the date must be possible and example prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as societies of effective date on the Department of State's records.  The 90th day after the record is filed.  Dated May 29, 2015  Signature of a member of authorized representative of a member   LUIS BRINGAS HERNANDEZ |   | ······································ | change(s) here:     | (Attach additiona                                 | il sheets, if nece                       | essary.)   |                            |
|--|---|--|---------------------|---|--|--|----------------------------|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be insert as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Dated May 29, 2015  Signature of a member or authorized representative of a member  |   |  |                     |   |  |  | <del></del>                |
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| The 90th day after the record is filed.  Dated May 29, 2015  Signature of a member or authorized representative of a member.   | Note: If the date inserted in t                   | this black does no                     | t meet the applicat | odate of filing or more<br>ole statutory filing i | c than 90 days after<br>equirements, thi | ionsi)<br>r filing.) Pursuant i<br>s date will not b | 10 605.0207<br>e listed ng |
| Signature of a member or authorized representative of a member   | e record specifies a de<br>The 90th day after the | layed effective<br>e record is file    | date, but not<br>d. | an effective tin                                  | n <b>e</b> , at 12:01                    | a.m. on the e  | earlier o                  |
|  | •   | 7,2015                                 |                     | <b>-</b> •  |  |  |                            |
|  | Dated X May 2°                                    |  | 1.1511              |   |  |  |                            |
|  | Dated X May 2°                                    | Signature of                           | a member or author  | ized representative of                            | a member                                 | 7  | 2015                       |

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