

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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(((H11000026785 3)))



H110000267853ABC

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

**From:**  
 Account Name : BERRIZ & GIRALDO P.A.  
 Account Number : I19990000017  
 Phone : (305) 485-9300  
 Fax Number : (305) 485-1098

**\*\*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**  
**ALFIN TRADE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

FEB - 2 2011

EXAMINER

**FILED**  
 11 FEB - 1 AM 8:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**RECEIVED**  
 11 FEB - 1 PM 12:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H 110000267853

Alpin Trade, 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 01/27/2011 and assigned Florida document number L11000011582.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
11 FEB - 1 AM 8:52  
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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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 608, 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.*

**CLARA GIRALDO P.A.**  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

If Changing Registered Agent, Signature of New Registered Agent

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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

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Title	Name	Address	Type of Action
MGR	Levin, Alfredo	19300 SW 117 CT Miami FL 33177	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Rodriguez, Adria	19300 SW 117 CT Miami FL 33177	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Delete: MGR - Rodriguez, Adria  
19300 SW 117 CT  
Miami FL 33177

Dated

February 17, 2011

Signature of a member or authorized representative of a member

Alfredo Levin

Typed or printed name of signer

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Filing Fee: \$25.00

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