"L1100000027948

(Rec	questor's Name)			
(Add	dress)			
(Âda	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			
A. LUNT NOV 23 2011				
		MINER		

Office Use Only



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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2011

HUGO LINS 200 S. ANDREWS AVE. SUITE 101 FORT LAUDERDALE, FL 33301

SUBJECT: DOCK TRADE LLC Ref. Number: L11000027948

We have received your document for DOCK TRADE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 011A00023987

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

TO: ,	Registration S Division of Co					
SHRIF	·CT·	DOCK	TRADE LLC			
SOBJECT:			nited Liability Company			
The end	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please r	return all corresp	ondence concerning this matter	to the following:			
HUGO LINS Name of Person						
			Traine of Ferson			
DUVEKOT CORPORATION						
			Firm/Company		N	
200 S. ANDREWS AVE SUITE 101			ALE STEEL			
		 	Address		ZBII NOV 22 SECRETARY TALLAHASS	1
		FORT	LAUDERDALE, FL 33301		ARY SSE	
			City/State and Zip Code			Ţ
		AD	MIN@DUVEKOT.COM to be used for future annual report notifice	otion)	STATE	(
For furt	her information	concerning this matter, please of	•	ition)	東帝 掌	
		HUGO LINS		16-9775		
	Name	of Person	Area Code & Daytime	l'elephone Number	•	
Enclose	d is a check for t	the following amount:				
□\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	osed)
	Regist Divisi P.O. B	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DO	CK TRADE LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability of Florida document numberL11000027948	Company were filed on	03/07/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	nny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		HAS 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2 PR TO BE
B. If amending the registered agent and/or regis	ntanad office address on s	aur macards onto	the name of the new
registered agent and/or the new registered office add		our records, <u>enter</u>	the hame of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street a	ddress
		. Florida	
	City	, Fiorida _	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Nam</u>	<u>e</u>	Address	Type of Ac	etion
MGRI	M <u>VIN</u>	_	8671 NW 56TH STREET SUITE B70 DORAL, FL 33166	/ Add Remove	
		· · · · · · · · · · · · · · · · · · ·		☐ Add ☐ Remove	
				Add Remove	
.				Add Remove	
	- -			Add Remove	
		<u> </u>		Add Remove	
D. If aı	nending any o	other information, enter change(s)	here: (Attach additional sheets, if necessary.)	28 I NOV 22	****
		·	HASSEE, FLORID		I MO
Dated _	NOVEME	7 7011 VivianVa			
		VivianVa	concello		
		Signature of a member or a	uthorized representative of a member		
	/////////////////////////////////////		ASCONCELLOS rinted name of signee		

Page 2 of 2

Filing Fee: \$25.00