

L11000030270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

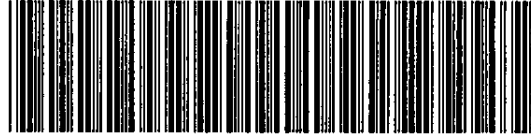
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400277596674

10/01/15--01010--008 **185.00

FILED
2015 OCT -1 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 02 2015
J. HARRIS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL, 32301

Miami, September 29th, 2015

Dear Sirs,

Re: **Verdecitos LLC, SKF Tech Corp, MiriQ Trading LLC**

Enclosed you will find the following Forms:

- 1) Application Form of **MIRIQ TRADING LLC** for a Foreign LLC for Authorization to transact business in Florida.
- 2) Articles of Amendment of Articles of Organization of **VERDECITOS LLC**
- 3) Articles of Amendment of Articles of of Incorporation of **SKF TECH CORP**

Also, you will find a check for USD 185 to the order of Florida Department of State for these 3 applications.

In case you need further communication related to this matters, please contact me at: (305)-562-5416.

Sincerely



Luis G Garcia

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VERDECITOS 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:

LUIS GARCIA

Name of Person

VERDECITOS LLC

Firm/Company

801 BRICKELL AVENUE, SUITE 918

Address

MIAMI, FLORIDA, 33174

City/State and Zip Code

corporate@asifo.com

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

For further information concerning this matter, please call:

Luis Garcia

305 562-5416
at ()

Name of Person

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**

VERDECITOS 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 03/11/2011 and assigned Florida document number L11000030270.

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 contain 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
2015 OCT - 1 PM 3:51
SECRETARY OF STATE
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Silvia Gorecki Revocable Trust	8700 W Flagler, Suite 160, Miami,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andres Korda	8700 W Flagler, Suite 160, Miami,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Silvia Korda	8700 W Flagler, Suite 160, Miami,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Enrique Teran	8700 W Flagler, Suite 160, Miami,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 2009 OCT 1 PM 3:55

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 09/29/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 29, 2015

Handwritten signature of Luis Garcia

Signature of a member or authorized representative of a member

Luis Garcia

Typed or printed name of signee

2015 OCT -1 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA