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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	IHS 1	TRADE, LLC		
		ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
		JANE MAIA Name of Person	·	
		Name of Person		
	DU\	EKOT CORPORATIO	N	
		Firm/Company		
	200 S ANI	DREWS AVENUE - SU	IITE 101	
		Address		
	FORT	LAUDERDALE, FL 33	301	
		City/State and Zip Code	_	
	E-mail address: (MIN@DUVEKOT.COM to be used for future annual repor	1 notification)	
For further informatio	n concerning this matter, please of	eall:		
Nam	JANE MAIA ne of Person	at (305) Area Code & D	716-9775 Daytime Telephone Number	
			, , , , , , , , , , , , , , , , , , , ,	
Enclosed is a check fo	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	e of Status &
Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registration of C Division of C Clifton Build	Corporations ling ive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IHS TRADE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears (bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	03/18/2011	and assigned
Florida document numberL11000033002			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company	," the designation "LLC	" or the abbreviation
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)			
			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our	records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	2	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office as	te performance of ovided for in Chap	my duties, and I am joter 608, F.S. Or, if the	familiar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	Address	-	Type of Action
				Add Remove
	<u> </u>			Add Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
				Add Remove
				Add Remove
D. If a	mending any other information, enter	change(s) here: (Attach additional sheets, if nece	essary.)	
	"AMENDING ADDRESS OF TH	HE MEMBERS"	با م نے	12
	MGRM 1: ELMO L. FERNANDI	圣	JUL 30	
	Address: 671 NW 4th Avenue -			
	MGRM 2: LUIS R. LIVERI		ST/	₽
	Address: 671 NW 4th Avenue -	Suite C16. Fort Lauderdale, FL 33311	100 100	ਨ
Dated _	JULY 19th	2012 .		
	<i></i>			
	Signature of a r	nember or authorized representative of a member		
		LUIS R. LIVERI		
		Typed or printed name of signee		

Page 2 of 2

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