

L11000033002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

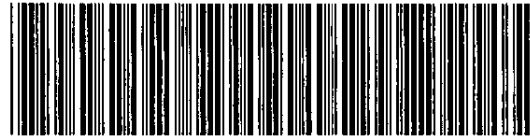
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan JUL 31 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IHS TRADE, 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:

JANE MAIA
Name of Person

DUVEKOT CORPORATION
Firm/Company

200 S ANDREWS AVENUE - SUITE 101
Address

FORT LAUDERDALE, FL 33301
City/State and Zip Code

ADMIN@DUVEKOT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANE MAIA at (305) 716-9775
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

"AMENDING ADDRESS OF THE MEMBERS"

MGRM 1: ELMO L. FERNANDES DE ASSIS

Address: 671 NW 4th Avenue - Suite C16. Fort Lauderdale, FL 33311

MGRM 2: LUIS R. LIVERI

Address: 671 NW 4th Avenue - Suite C16. Fort Lauderdale, FL 33311

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Dated JULY 19th, 2012



Signature of a member or authorized representative of a member

LUIS R. LIVERI

Typed or printed name of signee