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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUN 2 2 2011

-YANNER

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	LEWA'S TRADING 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:			
	OUVSEPPE COSENTINO Name of Person			
	Firm/Company			
	2881 E. OAKLANDPARK AJE			
	FORT LAUDERDALE 33306 City/State and Zip Code			
	G-COSEWTIND CGWERREROSENTIND COST E-mail address: (to be used for future annual report notification)			
For further inform	mation concerning this matter, please call:			
<u>QUUSEP?</u>	Name of Person at (954) 621-8388 Area Code & Daytime Telephone Number	2011 JUN 21 SECRETARY		
Enclosed is a che	eck for the following amount:	SKE F		
⊠ \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	g Fee Single & Single		
	MAILING ADDRESS: STREET/COURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lial	TRADING LCC bility Company as it now appears on or rida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability	ity Company were filed on <u>OPR</u>	•
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
3. If amending the registered agent and/or re		cords, enter the name of the new
egistered agent and/or the new registered office	address here:	AHA THE
Name of New Registered Agent:		ARY 2
New Registered Office Address:		
	Enter Flor	rida street address 55
_		_, 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

Title Name Address **Type of Action** MbA 🔀 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00