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(Re	questor's Name)	
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SECREDARY OF STATE
TALLAHASSEE FLORIDA

1. 3HWars OCT 2.1 2014

COVER LETTER

TO:

Registration Section **Division of Corporations**

CARE TRADING INTERNATIONAL 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:

CARLOS REGA

Name of Person

CARE TRADING INTERNATIONAL

Firm/Company

13401 NW 3 ST #103

Address

PEMBROKE PINES FL 33028

City/State and Zip Code

jmgaccounting@yahoo.com

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

For further information concerning this matter, please call:

CARLOS REGA

Name of Person

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

CARE TRADING INTERNATIONAL LLC

company has been notified in writing of this change.

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

(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000058156</u>	were filed on 05/17/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13401 NW 3 STREET #103
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES FL 33028
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13401 NW 3 STREET #103 PEMBROKE PINES FL. 33028
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action _□ Add _□ Remove _□ Add _□ Remove _□ Add _□ Remove □ Add Remove Remove □ Add □ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	•
	
i. 1	Effective date, if other than the date of filing:
j	Dated OCTOBER-14-2014
	Ala Rega !
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

SECRULARY OF SIATE