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Un Carlos Miller R. . . ** ...

COVER LETTER

	Registration Se Division of Cor			
ero iro		ERNATIONAL TRADING GRO	OUP, LLC	
SOBJEC	Т:	Name of Limit	ted Liability Company	
The enclo	osed Articles of	Amendment and feets) are subr	nitted for filing.	
Please ret	turn all correspo	ondence concerning this matter t	o the following:	
		CORINA SMITH		
		•	Name of Person	
		MPH INTERNATIONAL	TRADING GROUP, LLC	
			Firm/Company	
		1400 NW 107TH AVE #43	50	
			Address	
		MIAMI, FL 33172		
			City/State and Zip Code	
		CORINA.SMITH@TAXCA		
		F-mail address: (t	o be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	D:	
CORINA	SMITH		305 924-0340	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.0	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)

MAHLING 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 Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPH INTERNATIONAL TRADING GROUP, LLC

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

(A Florida Limited Ua	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L)1000091966</u>	ere filed on 08/10/2011	and assigned
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 contain the words "Lunited Liability	Company," the designation "LLC" or the	e 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 M.4Y BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ce address on our records, ent	er the name of the new
		20
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	88 1
	Florida	3.5
	City	Zip (ode
New Registered Agent's Signature, if changing Registered Agent:		7: 0 000E
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and La ovided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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>	Address	Type of Action
MGRM	CORINA ESPINOSA	1400 NW 107TH AVE #430	■ Add
		MIAMI, FL 33172	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
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			☐ Change
			
			□ Remove
			□ Change

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ffective date if other than the date of filing:	(ontional)	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory:	or more than 90 days after tiling) Pursuant to	605 02
neument's effective date on the Department of State's records.	ming requirements, this date will not be i	isted .
e record specifies a delayed effective date, but not an effective from the second is filed.	ve time, at 12:01 a.m. on the ea	rlier
JULY, 05TH 2917		
11/1/1		
/ 1// (/WCi -		

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Typed or printed name of signee

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