L12000044905

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COVER LETTER

TO: Registration Se Division of Cor								
	INK WESTINDIES, LLC							
Name of Limited Liability Company								
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.							
Please return all correspo	ondence concerning this matter to the following:							
	SCOTTPFEIFFER							
	Name of Person							
	TRADE LINKS WESTINDIES, LLC							
	Firm/Company							
	4386 PINETREEDRIVE							
	Address							
	MIAMI BEACH, FL 33140							
	City/State and Zip Code							
	controller@tradelinkwi.com							
	E-mail address: (to be used for future annual report notification)							
For further information of	concerning this matter, please call:							
SCOTTPFEIFFER	305 450.1890 at ()							
Name o	at () of Person Area Code Daytime Telephone Number							
Enclosed is a check for the	the following amount:							
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional copy	of Status & py						

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

TRADELINK WESTINDIES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 1, 2012 and assigned Florida document number L12000044905 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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

_, Florida _

. 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>	<u>Address</u>	Type of Action
MGR	RAIZY FELLIG	4386 PINE TREE DRIVE, MIAMI BEACH, FL 33140	Add
			Remove
			Change
MGR	ISRAEL FELLIG	4386 PINE TREE DRIVE, MIAMI BEACH, FL 33140	■ Add
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change
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Note: If the date inserted in locument's effective date or	this block does not n	neet the applicable si	atutory filing requirem	ents, this date wil	not be liste	d as th
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e record specifies a do The 90th day after th	elayed effective o	late, but not an	effective time, at 1	l2:01 a.m. on	the earlie	er of:
I I	c record is lifed.	1				
Dated 13119	()	· —AA/				
	*	100 /1/0/				
	Signature of a	member of abriton zed	epresentative of a membe	er		
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Filing Fee: \$25.00