

U2000091803
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000148786 3)))



H170001487863ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : FERNANDO JIMENO
 Account Number : 074553003252
 Phone : (305)826-1711
 Fax Number : (305)826-1738

FILED
 JUN -2 AM 5:31
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
 2017 JUN -2 PM 12:09
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 AX TRADING, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

((H17000148786 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AX TRADING, 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 07/10/2012 and assigned Florida document number L12000089803

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 "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 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:

D'ANGELO F. MACHADO

New Registered Office Address:

7478 NW 54TH ST

Enter Florida street address

MIAMI

City

Florida 33166

Zip Code

FILED
JUN -2 4 53 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

((H17000148786 3)))

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> | <u>Type of Action</u> |
|--------------|----------------------------------|-----------------------------------|--|
| AMBR | Renata F. Machado | 7478 NW 54th Street | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33166 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Kernel Importacao E Exportacao L | Rodovia Gov. Mario Covas | <input type="checkbox"/> Add |
| | | No. 600 Km 290, Galpao 17, Sala 1 | <input checked="" type="checkbox"/> Remove |
| | | Espirito Santo 29154-504 BR | <input type="checkbox"/> Change |
| AMBR | D'Angelo F. Machado | 7478 NW 54th Street | <input type="checkbox"/> Add |
| | | Miami, FL 33166 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 JUN 2 21 5:1
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

((H17000148786 3)))

