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TALL ABASSET FLORID.

## **COVER LETTER**

TO: Registration Section
Division of Corporations

MAGTRADE IMPORT & EXPORT, 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:

LYSLEI CHIRICO

Name of Person

ELO ENTERPRISES, INC

Firm/Company

4700 NW BOCA RATON BLVD STE 202

Address

BOCA RATON, FL 33431

City/State and Zip Code

**ELO@ELOENTERPRISES.US** 

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

For further information concerning this matter, please call:

LYSLEI CHIRICO

*<sub>3,6*561 \**544-886**2</sub>

Name of Person

Area Code & 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

## MAGTRADE IMPORT & EXPORT, 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 Florida document number L12000109547	Company were filed on $08/27/201$	and assigned
Piorida document number	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we	Lantinia de la	ecianation III I C" on the shipmariatio
The new name must be distinguishable and end with the wi "L.L.C."	ords "Limited Liability Company, the de	esignation * LLC of the aboreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	D FOO	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	urra.	
	M	
B. If amending the registered agent and/or regi		ds, enter the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la street address
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper of		
accept the obligations of my position as registered		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u> MGRM	Name BRITO, MARCELO R.	Address 10850 NW 89 TERR APT 101	Type of Action  Add
		Miami, FL 33178	Remove
			Remove
			Add
			Remove
			Remove
<del></del>			Add
			_
			Add
			<del></del>

The total MGRM on this company should be 3:

1. Rolemberg Brito, Marcelo (please add Rolemberg and Brito, both as last name).

2. Rolemberg, Ana Paula G

3. Schubert, Nildo Jr.

Dated August 01

Signature of a member of authorized representative of a member Marcelo Rolemberg Brito - Manager Member

Typed or printed name of signee

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