

#L12000112065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2014 APR 11 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 14 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

DOT Trade, LLC

SUBJECT: _____

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:

Eric Hanson

Name of Person

Worldwide Enterprises & Services, LLC

Firm/Company

5375 N.W. 159th Street, #4713

Address

Miami Lakes, FL 33014

City/State and Zip Code

worldservices123@yahoo.com

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

For further information concerning this matter, please call:

Eric Hanson

305

448-4929

at ()

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**

DOT Trade, LLC

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

FILED
2014 APR 11 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 31st, 2012 and assigned
Florida document number L12000112065

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 end with 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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

City

Zip Code

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

if amending the Managers or Authorized Member on our records, enter the one, name, and address of each Manager or Authorized Member 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	Luis ALBERTO Pettengill VACCA	1110 Brickell Ave., Suite 430, Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Luis ALBERTO Pettengill CASTILLO	1110 Brickell Ave., Suite 430, Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Juan CARLOS Pettengill CASTILLO	1110 Brickell Ave., Suite 430, Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Ruben DARIO Bogarin Canale	1110 Brickell Ave., Suite 430, Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Jose Daniel Bogarin Canale	1110 Brickell Ave., Suite 430, Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The five authorized members are to be added into two groups: Group A shall consist of Luis Alberto Pettengill Vacca, Luis Alberto Pettengill Castillo and Juan Carlos Pettengill Castillo. Group B shall consist of Ruben Dario Bogarin Canale and Jose Daniel Bogarin Canale. Any and all documentation generated from this LLC MUST contain two signatures: one from any member of Group A and

April 8th, 2014

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

April 8th

2014

Dated _____



Signature of a member or authorized representative of a member

Mario Martin Arrieta Moreira

Typed or printed name of signee

...Line D, "Amending Other Information," continued...

one from any member of Group B. Any and all documents that are signed by only one member, be it from Group A or Group B, will be considered null and void.