# LIADOIHAOTI

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2018 JAN -9 PN 3: 34
SECRETARY OF STATE
TALLAHASSEF FIRE

JAN 1 0 2013 D. BRUCE



December 17, 2012

JAIME GALANTE 19707 TURNBERRY WAY 28L AVENUTREA, FL 33180

SUBJECT: MISH MASH TRADING LLC

Ref. Number: L12000142071

We have received your document for MISH MASH TRADING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 812A00029711

## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Mish Mash Trading 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:  |
| Jaime Galante.  Name of Person   |
| Firm/Company   |
| 19707 Turnberry Way 28L  |
| Aventura F1 33180  City/State and Zip Code  roji 67 @ hotmail.com  |
| roji 67 @ hotmail.com  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please can:  |
| at 100 by a R.   |
| Name of Person  Area Code & Daytime Telephone Number  The code & Daytime Telephone Nu                                   |
| \$25.00 Filing Fee \$\times \text{Certificate of Status} \text{\$\text{Certified Copy} \\ (additional copy is enclosed)} \text{\$\text{Certified Copy} \\ (addit |

TO: . Registration Section

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

| Vish Mash Irad   | ing LLC   |
|--|---|
| (Name of the Limited Liability Company as it (A Florida Limited Liability)         | now áópears on our records.)<br>Company)                  |
|  |   |
| The Articles of Organization for this Limited Liability Company were fi            | led on <u>Povember 9<sup>th</sup>, 12</u> and assigned    |
| Florida document number <u>L 12000142071</u> .                                     |   |
| This amendment is submitted to amend the following:                                |   |
| A. If amending name, enter the new name of the limited liability cor               | mpany here:   |
| The new name must be distinguishable and end with the words "Limited Liab "L.L.C." | ility Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:                                |   |
| (Principal office address MUST BE A STREET ADDRESS)                                |   |
| · · · · · · · · · · · · · · · · · · ·  | 201<br>A.C.   |
|  | APP S   |
| Enter new mailing address, if applicable:  | No.   |
| (Mailing address MAY BE A POST OFFICE BOX)   | m-c o   |
| Induing dutiess MAT DEATOST OFFICE BOXE  | E S III   |
| <del></del>  | 2 S S S   |
| B. If amending the registered agent and/or registered office ad-                   | dress on our records, enter the name of the nev           |
| 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   | 7in 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 608, 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 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 **Title Address Type of Action** Name Sr Jaime Galante 19707 Turnberry Way 28L Cladd
MGRM
Aventura F1 33/80 Remo Remove Remove Remove Remove

| D. If amend     | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------------|---|
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| Dated <u>LO</u> | <u> </u>  |
|                 |   |
| •               | Signature of a member or authorized resentative of a member                               |
| ,               | Jaime Galante.  |
|                 | Typed or printed name of signee   |
|                 | Page 3 of 3   |
|                 | Filing Fee: \$25.00   |

2019 JAH - 9 PM 3: 34
SELENASSEE FLORIDA