L13000044532

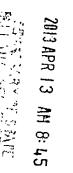
(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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J. SAULSBERRY EXAMINER

MAY 15 2013

COVER LETTER

TO: Registration So Division of Co				¥	,
SUBJECT:	JL To	Ital Trading Led Liability Company	<u>LC</u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		enn Lare-	2		
	JL TO	Hal Trading Firm/Company	LLC		
	1960	BIOVITZ Dr #	+6		
	Mian	N Blach FL 33 City/State and Zip Code	141		
	E-mail address: (to	o be used for future annual report notificat	ion)	20	
For further information of	concerning this matter, please ca	abl:		2013 APR	, n.
Lenin	larez.	at (954) 594-7	176		
Name (of Person	Area Code & Daytime To	elephone Number	3 AH 8:	
Enclosed is a check for t	he following amount:			15. 15.	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing I Certificate of Certified Cop	Fee. l'Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Tradra U Company as it now appea imited Liability Company)	rs on our records.)		_	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L13000044532</u>	ompany were filed on	3/24/2013	and	l assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :			
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	any." the designation "l	LLC" or	the ab br	reviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)		4 3	7813	-
				AP	"1"
Enter new mailing address, if applicable:				3	T m
(Mailing address MAY BE A POST OFFICE BOX)			" (2	35	17
				5	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on ess here:	our records, <u>enter</u>	the nam	ie of t	<u>he new</u>
Name of New Registered Agent:					
New Registered Office Address:					
	En	ter Florida street ado	lress		
		, Florida			
	City		Zip C	:ode	

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 Changing Registered Agent, Signature of New Registered Agent

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 **Address Type of Action** <u>Title</u> <u>Name</u> Alejandro Jordi 6538 Colling Live Ste 151 Migni Beach, Fr 33141 Remove Remove

April 30	2013
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Page 3 of 3

Filing Fee: \$25.00

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