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DIVISION OF CORPORATIONS

AUG 1 3 2013 T. HARAPTO:

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Name of Limit	MANING UC ed Liability Company	,
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Le	Name of Person	
		L TOTAL TRADING Firm/Company	uc
	8211 A	SW 64 ST Ung	3_
	Mic	City/State and Zip Code	
-	E-mail address: (to	be used for future annual report notification	on)
For further information cond	cerning this matter, please ca	II:	
Name of Po	OFFZ erson	at (OGL) SGU - 77 Area Code & Daytime Tel	ephone Number
Enclosed is a check for the f	following amount: .		
\$25.00 Filing Fce	□\$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

	Lotal lading LU			
(<u>Name of the Limited Liai</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)			
	ity Company were filed on $3/26/203$ and assigned 32 .			
This amendment is submitted to amend the following	AUG 1			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbrewarts			
Enter new principal offices address, if applicable	g:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the ne address here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_	City Zin 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 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 <u>Title</u> <u>Name</u> **Address Type of Action** Alejando Jordi 8211 NWCC4ST Unit 3 X Add Mani / 33100 Remove Remove Remove Remove

				
Ac	1)8+ S	. 2013	40 \(\)	
	 			
	Signatur	e of a member or auth	orized representative of	of a member

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Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATION