

L130000101206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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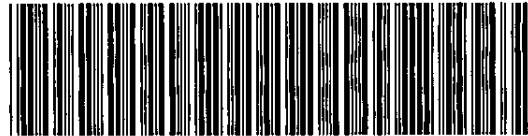
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan DEC 11 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ventrade, 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:

Jose N Rodriguez

Name of Person

VENTRADE, LLC

Firm/Company

8369 NW 66 St # 6840

Address

Miami FL 33166

City/State and Zip Code

noe@ventrade.net

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

For further information concerning this matter, please call:

Jose N Rodriguez

at ( 917 ) 2831050

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

FILED

2014 DEC -5 PM 3: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ventrade, 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 Company were filed on 07-17-2013 and assigned  
Florida document number L13000101206.

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:

Jose N Rodriguez

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8369 NW 66 st #6840

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33166

**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:

Jose N Rodriguez

New Registered Office Address:

8369 NW 66 st #6840

*Enter Florida street address*

Miami

*City*

Florida 33166

*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 title, 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	Vanessa Rodriguez	2011 Renaissance Blvd apt 102	<input type="checkbox"/> Add
		Miramar Fl 33025	<input checked="" type="checkbox"/> Remove
MGR	Vanessa Rodriguez	2011 RENAISSANCE BLVD APT 102	<input type="checkbox"/> Add
		MIRAMAR FL 33025	<input checked="" type="checkbox"/> Remove
AMBR	JOSE N RODRIGUEZ	8369 NW 66 st #6840	<input checked="" type="checkbox"/> Add
		MIAMI FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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.)*

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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)

Dated November 27th, 2014

Signature of a member or authorized representative of a member

*VANESSA C. RODRIGUEZ*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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