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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GET TRADE ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
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15 MAR 27 AM 10:00

BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 27 PM 1:52

FILED

MAR 30 2015
J. BRUCE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GET TRADE ENTERPRISES, 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 02-12-14 and assigned
Florida document number L14000024686

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

80 S.W 8TH STREET

SUITE 2000

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

80 S.W 8TH STREET

SUITE 2000

MIAMI, FL 33130

**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

City, Florida 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>
MGR	Felipe Amorim Marques	80 S.W 8TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 2000	<input type="checkbox"/> Remove
		MIAMI , FL 33130	
MGR	Rosemari Gomes Amorim	80 S.W 8TH STREET	<input checked="" type="checkbox"/> Add
	Marques	SUITE 2000	<input type="checkbox"/> Remove
		MIAMI , FL 33130	
			<input type="checkbox"/> Add
			<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

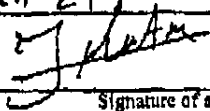
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 TALLAHASSEE, FLORIDA

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

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 March 27, 2015



Signature of a member or authorized representative of a member

FELIPE AMORIM MARQUES

Typed or printed name of signee

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