

L140000050916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

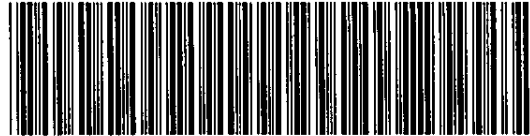
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 MAY -8 PM 2:50  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trade Minerals 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:

**Eduardo Ayala**

\_\_\_\_\_  
Name of Person

**Ayala Law PA**

\_\_\_\_\_  
Firm/Company

**1399 SW 1st Ave, 701**

\_\_\_\_\_  
Address

**Miami, FL 33130**

\_\_\_\_\_  
City/State and Zip Code

**eayala@ayalalawpa.com**

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

For further information concerning this matter, please call:

**Eduardo Ayala**

**305 6997848**

\_\_\_\_\_  
Name of Person

at ( )  
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

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DIVISION OF CORPORATION  
15 MAY - 8 PM 2:50  
TALLAHASSEE, FLORIDA

## Trade Minerals LLC

The Articles of Organization for this Limited Liability Company were filed on 3/27/2014 and assigned Florida document number **L14000050916**

~~TM Business Solutions LLC~~ TM Solutions USA LLC

**(Principal office address MUST BE A STREET ADDRESS)**

***(Mailing address MAY BE A POST OFFICE BOX)***

\_\_\_\_\_, Florida  
City

Zip Code \_\_\_\_\_

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:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
REMOVED  
MAY - 8 PM 2:50  
REMOVED  
ADD:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 May 4, 2015.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Eduardo Ayala

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY -8 PM 2:50  
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