L14000050916

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SECHETARY OF STATE

DIVISION OF CURPORATION

COVER LETTER

TO: Registration So Division of Con				
Trade M	inerals LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Eduardo Ayala			
		Name of Person		
	Ayala Law PA			
		Firm/Company		
	1399 SW 1st Ave, 7	01		
		Address		
	Miami, FL 33130			
		City/State and Zip Code		
	eayala@ayalalawpa.	com to be used for future annual report notification		
For further information of	econcerning this matter, please concerning this matter.		1}	
Eduardo Ayala		305 6997848		
Name o	of Person	Area Code Daytime Telep	ohone Number	
Enclosed is a check for t	he 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 Certificate of Certified Contact (additional contact)	of Status &
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	;	15 MAY -8 PM 2:5 15 MAY -8 PM 2:5 SECRETARY OF STATE ONLY AMASSEE. FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trade Minerals LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co- Florida document number <u>L14000050916</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
TM Business Solutions LLC TM So	olutions USA L	_C
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and confacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duti ent as provided for in Chapter	es, and I am familiar with and Sc. 605, F.S. Or, if this document &
	If Changing Registered Agent, Sign	
	Page 1 of 3	STATE

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Remove
			□ Remove
			□ Add
		<u></u>	Remove
			☐ Add
			SECRETARY OF STATE OF
			PLORATION PLORATION

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ective date	, if other tha	nn the date of f	iling:			(optional)
ective date	, if other tha	an the date of f	iling:	r filed date and can	nnot be more than 9	(optional) 00 days after
ective date effective date date this docu	iment is filed by	y the Florida Depar	tment of State)		anot be more than 9	(optional) 00 days after
date this docu	iment is filed by	y the Florida Depar	tment of State)		anot be more than 9	_(optional) 00 days after
date this docu	iment is filed by	an the date of fic, cannot be prior to the Florida Depart	tment of State)		anot be more than 9	_ (optional) 90 days after
date this docu	iment is filed by	y the Florida Depar	tment of State)		anot be more than 9	_(optional) 00 days after
date this docu	iment is filed by	y the Florida Depar	tment of State)			
ective date effective date date this docu	iment is filed by	y the Florida Depar	tment of State)	thorized represent		

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Filing Fee: \$25.00

SECRETARY OF STATE.

SECRETARY OF STALL DIVISION OF CORPORATION: