L14000137712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 OCT -6 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2014

ALAN TREVISAN
16900 N BAY RD #1215
SUNNY ISLES, FL 33160

SUBJECT: TREVIFER LLC
Ref. Number: L14000133712

We have received your document for TREVIFER LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00020440

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREVIFER LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN MARILDO TREVISAN
Name of Person

TREVIFER EXPORT LLC
Firm/Company

16900 N. BAY Rd #1215
Address

SUNNY ISLES, FL 33160
City/State and Zip Code

TREVIFERMIA@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN // MARIO at (786) 2713957 // 305-7889053
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ $25 Filing Fee
- ☒ $30 Filing Fee & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TREVIFER, 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 August 26 2014 and assigned Florida document number L14000133712.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TREVIFER EXPORT, LLC

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:
(Principal office address MUST BE A STREET ADDRESS)

16900 N. BAY RD #1215
SUNNY ISLES BEACH, FL
33160

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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

_____, **Florida** _____
City *Zip Code*

14 OCT -6 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 October 4- 2014.

Signature of a member or authorized representative of a member

ALAN TREVISAN

Typed or printed name of signee

Filing Fee: $25.00

14 OCT -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR.	Mario A. Fernandez	16900 N. Bay Rd. #1215 Sunny Isles Beach FL 33160	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

14 OCT -6 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA