

L15000037341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400278285794

11/12/15--01009--008 **25.00

2015 NOV 12 P 4: 31
SECRETARY OF STATE
OF FLORIDA

FILED

NOV 13 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3B TRADING GROUP 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:

NIRVANDO BATISTA

Name of Person

TAX CONTROLLER INC

Firm/Company

750 E SAMPLE RD BLDG 3 BAY 5

Address

POMPANO BEACH FL 33064

City/State and Zip Code

JR@TAXCONTROLLER.COM

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

For further information concerning this matter, please call:

NIRVANDO BATISTA

954

3011848

at ()

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**

3B TRADING GROUP 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 02/27/2015 and assigned
Florida document number L15000037341

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 contain 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)

750 E SAMPLE RD BLDG 3 BAY 5

POMPANO BEACH FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

750 E SAMPLE RD BLDG 3 BAY 5

POMPANO BEACH FL 33064

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:

TAX CONTROLLER INC

New Registered Office Address:

750 E SAMPLE RD BLDG 3 BAY 5

Enter Florida street address

POMPANO BEACH

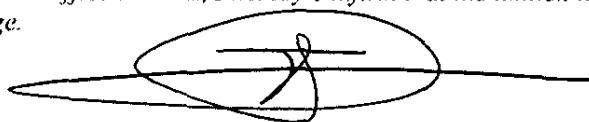
Florida 33064

City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MBR	EMERSON LOPES ADAMI	AV AUGUSTO CALMON #2230	<input type="checkbox"/> Add
		LINHARES, ES 29900-396 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATRIK CALDARA	750 E SAMPLE RD	<input type="checkbox"/> Add
		BLDG 3 BAY 5	<input type="checkbox"/> Remove
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 NOV 12 12 44 31
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 30TH 2015

Typed or printed name of signee

RECEIVED
NOV 12 1964
LIBRARY OF STATE
ARCHIVES, FLORIDA