

LIS000046857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

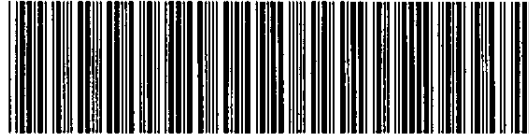
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG 31 PM 1:22
STOCKHOLM
141 AMOS E. LINDA

N. Culligan SEP - 2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INJE PLAST MANUFACTURE A DISTRIBUTOR 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:

LUCIANO VALVERDE

Name of Person

Firm/Company

4100 N POWELL BLVD SUITE 01

Address

POMMANO BEACH FL 33073

City/State and Zip Code

LUCIANO VALVERDE@GMAIL.COM

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

For further information concerning this matter, please call:

LUCIANO VALVERDE

Name of Person

at (954)

Area Code

5446947

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

INERLAST MANUFACTURE & DISTRIBUTION LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2015 MAR 31 PM 1:22

The Articles of Organization for this Limited Liability Company were filed on 03/16/2015 and assigned
Florida document number L15000046857

This amendment is submitted to amend the following:

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

L A X TRADING ~~LLC~~ LLC

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)

4100 N POWERLINE ROAD SUITE 01

DAWSON BEACH FL 33073

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:

ARNO NOEBEL

New Registered Office Address:

7384 NW 8th ST Main 33126

Enter Florida street address

Main

City

Florida

33126

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

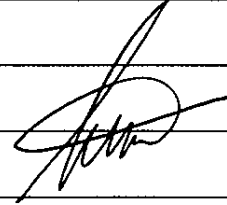
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	ALESSANDRO OLIVEIRA	16210 SW 15th ST PEMBROKE PINES	<input type="checkbox"/> Add
		FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ALVARO OLIVEIRA	16210 SW 15th ST PEMBROKE PINES	<input type="checkbox"/> Add
		FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ALDO OLIVEIRA	16210 SW 15th ST PEMBROKE PINES	<input type="checkbox"/> Add
		FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ARNO ROEBER	7384 NW 8th ST	<input checked="" type="checkbox"/> Add
		Miami FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

LAX TRADING LLC.



FILED
2015 AUG 31 PM 1:22
CLERK OF THE STATE
DEPARTMENT OF REVENUE

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

08/27/15



Signature of a member or authorized representative of a member

LUCIANO VALVERDE

Typed or printed name of signer