Mar 14 18 12:37p 3/14/2018



Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000082858 3)))



H180000828583ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : FERNANDO JIMENC Account Number : 074553003252 Phone : (305)826-1711 Fax Number : (305)826-1738 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SENDEX TRADING LLC

Certificate of Status	i:::. 0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

	Ē
--	---

Electronic Filing Menu Corporate Filing Menu Help

.....

14 18 12:37p	Accounting Guide & Taxes		3058261738	p.2
418000082858 3	ARTICL	ES OF AME DM	Ĩent	
	ARTICLE	S OF ORGANIZA OF	ATION	
		DEX TRADING, LLC.		
	(Name of the Limited Liab) (A Flori	ility Company as it now app da Limited Liability Company	ears on our records.) /)	
The Articles of Or Florida document	rganization for this Limited Liability number <u>L15000071980</u>	Company were filed on	APRIL 23, 2015	and assigned
This amendment i	s submitted to amend the following:			
A. If amending I	name, <u>enter the new name of the lin</u>	mited liability company	here	
The new name must h	be distinguishable and contain the words "L	imited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
-	ipul offices address, if applicable:			
(Principal office)	address <u>MUST BE A STREET ADI</u>	<u>DRESS)</u>		
		<sup>2</sup>	<u>.</u>	
Kntar new maili	ng address, if applicable:	. *		
	MAY BE A POST OFFICE BOX	·		
		···		
registered agent	g the registered agent and/or reg and/or the new registered office ad	gistered office ad <sup>ar</sup> ress <u>adress here</u> :	on our records, <u>ent</u> e	er the name of the
New Re	gistered Office Address:			_
<u></u>		Enter	Florida street address	
			, Florida	Zip Code
New Duritsead a	Igent's Signature, if changing Register	City		zip Coue
provisions of all accept the oblig being filed to me	the appointment as registered agent statutes relative to the proper and ations of my position as registered erely reflect a change in the register ren notified in writing of this chang	d complete perform <u>an</u> ce l agent as provided dor t ered office address; I ho ge.	cf my duties, and I an in Chapter 605, F.S. C rreby confirm that the	m familiar with and Or, if this document is limited liability
		Down Lot 7	l Agent, <u>Signature of New</u>	
H18000082858 3		Page 1 of 3 ar		LORIO
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

· · ·

14 18 12:38p	Accounting Guide & Taxes	3058261738	p.4
ii H180 If amending A3	)00082858_3 uthorized Person(s) authorized to n	nanage, enter the Ride, name, and address of	each person being
180000828583 91 190000000000000000000000000000000000	m our records:		
MGR = Man AMBR = Auth	ager 10rized Member		
Title	Name	Address	Type of Act
AMBR	RUZZA, DENIZE	RUA CHIARA LUBICH 371	D Add
		APT # 92	🖩 Remove
		JUNDIAL SP 13212-117	Change
AMBR ROGERIO ARAUJO PINHEIRO	ROGERIO ARAUJO PINHEIRO	Av Soror Maria da Providencia 397	🖬 Add
	JUNDIAI, SP 13218-210 BR	🗆 Remove	
			Change
		<u></u>	O Add
			🔤 🖂 Remove
			Change
		.: 	🖸 Add
			Remove
			Change
			Aċd
		Remove	
		Change	
<u></u>			
	2	· · · · · · · · · · · · · · · · · · ·	Change Contraction
1118000082858	о Ра	are 2 of 3	5 <b>2</b>

•

.

• •

p.3

. :.;

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H180000\$2858.3

			-
-			-
			-
			-
	tinne the second se		-
			-
			-
			_
			-
		- <u></u>	
	•:		-
			_
			<u></u>
			_
			·
·			_
	in the second	•	•
Note	tive date, if other than the date of filing:(optiona flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing If the date inserted in this block does not meet the applicable statutory filing requirements, this date	i) ig.) Pursuant to 6 te will not be li	05.0207 (3)(b) sted as the
docu	ment's effective date on the Department of State's records.		
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m	i. on the ear	lier of:
(b) Th	e 90th day after the record is filed.		
Date	MARCH 14, 2018		
	Signature of a member of authorized representative of a member		
	ROGERIO ARAUJO PINHEIRO	AR	
	Typed or printed name of signee		FILED
	Page 3 of 3	OF STATE E. FLORIDA	-

· · •••

Tav C

.

H18000082858 3