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COVER LETTER

TO: Registration 3 Division of Co			
TREE TR	ADING, LLC		
	Name of Li	miled Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	JIM PUENTE, CPA		
		Name of Person	
	CHEPENIK PUENTE &	STEIN, CPA	
		Firm/Company	
	H120 N. KENDALL DR	. STE 200	
		Address	
	MIAMI, FL 33176		
	MARLENE@CPSCPAS.C	City/State and Zip Code OM	
	E-mail address;	to be used for future annual report notif	lention)
For further information	concerning this matter, please o	all:	
JIM PUENTE, CPA		305 273-8008	
Name o	of Person	at I Daytime	Telephone 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 Fiting 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

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 nam	TREE TRADING, LLC			Ne se
The Articles of Organization for this Limited Liability Company were filed on 04/29/2015 Florida document number L15000075252 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: NAM New Registered Office Address: Enter Florida street address Enter Florida street address	(Name of the Lin	nited Liability Con	many as it now appears on our records.)	2 2
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	The Articles of Organization for this Limited Florida document number £15000075252 This amendment is submitted to amend the fo	Liability Compa	ny were filed on <u>04/29/2015</u>	HASSEF FL
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address		in the mined in	armer company acre.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address		words "Limited Lie	ability Company "the designation "LLC" or the	abbreviation "L. L. C."
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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address			N/A	
(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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(Principal office address MUST BE A STRE	ET_ADDRESS)		
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	•••	E BOX)		
	registered agent and/or the new registered of New Registered Agent:	office address he	Enter Florida street address	er the name of the new
Cuy Zip Code				Zin Corte

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

Title	Name	Address	Type of Action
CFO	DERLI KOEFENDER	AV. SETE DE SETEMBRO 4214 - 4TH FLOOR	
			Remove
			Change
			☐ Remove
			☐ Change
			Remove
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