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Office Use Only



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D. SCOTT NOV 28 2016

COVER LETTER

	Registration Se Division of Cor		t.		
CHBIECS		DING USA LLC			
SUBJECT	1:	Name of Lim	ited Liability Company		
The enclose	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	2016 NOV 22 PR C. STORIDA TALLAHASSEE, FLORIDA	SU CA
Please reti	ım all correspo	ondence concerning this matter	to the following:	15 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2
		DIEGO L P SAMPAIO			
			Name of Person	ORID ORI	3
		COMPANY COMBO, LL	c	7	
			Firm/Company		
		8751 COMMODITY CIR	CLE, UNIT 5		
			Address		
		ORLANDO, FL 32819			
		INFO@COMPANYCOME	City/State and Zip Code		
			to be used for future annual report notif	ication)	
For further	r information c	oncerning this matter, please c	all:		
DIEGO S	AMPAIO		866 428-2030 at (
	Name o	f Person		Telephone Number	
Enclosed i	s a check for th	ne following amount:		TALLAH	n
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Scaths & 22 Certified Copy (additional copy is acclosed)	= F D
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMP TRADING USA LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited I	Liability Company	were filed on 06/23/20	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	-
3ITRADE USA, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	8751 COMMODITY	CIRCLE
Principal office address MUST BE A STRE		SUITE # 5 OFFICE 204	
		ORLANDO, FL 32819	
Enter new mailing address, if applicable:		8751 COMMODITY	CIRCLE
Mailing address MAY BE A POST OFFICE	E BOX)	SUITE # 5 OFFICE 204	
		ORLANDO, FL 32819	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	records, enter the name of the ne
	9751 COMMO	NOTE CINCLE LINUT A	-
New Registered Office Address:	8/31 COMMO	DITY CIRCLE, UNIT 5 Enter Florida str	
	ORLANDO	2.72. 2.70. 100	, Florida ³²⁸¹⁹
		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

Page 1 of 3

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>	Address	Type of Action
MGR	MARCUS CAMPOS	5323 MILLENIA LAKES BLVD.,	
		ORLANDO, FL 32839	Remove
			Change
MGR	FELIPE ROSSI	1442 Pro Shop Court	Add
		ChampionsGate, FL	Remove
		33896 - US	Change
MGR	Samio Cassio Santana Silva	R. Professora Maria Elisa Soares ROSA, 411	■ Add
		Sorocaba, SP	☐ Remove
		18017408 – BR	□ Change
MGR	Cássio Iachel Marques	1314 Moss Creek	■ Add
		Davenport, FL	□ Remove
		33896 - USA	Change
			□ Add
			Remove FILED SERVICE CHARGE AND SERVICE A
			☐ Change

r If amend	ding any other information, en	ter change(s) here: (Attach additional sheets, if	necessary.)

	<u> </u>		

. Effective	e date, if other than the date of	filing:(o	ptional)
Note: If	the date inserted in this block does	s not meet the applicable statutory filing requirements,	after filing.) Pursuant to 605.0207 (3)(this date will not be listed as the
documen	t's effective date on the Departmen	nt of State's records.	
the recor	rd specifies a delayed effect	tive date, but not an effective time, at 12:0	11 a.m. on the earlier of:
	Oth day after the record is f		
N	OVEMBER, 18TH	2016	
Dated		·	
		0~	
	Signature	e of a member or authorized representative of a member	16 SECH ALL
	DIEGO L P SAMPAIO		
		Typed or printed name of signee	
		Page 3 of 3	STA COR
		Filing Fee: \$25.00	AS THE