

L15000109748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

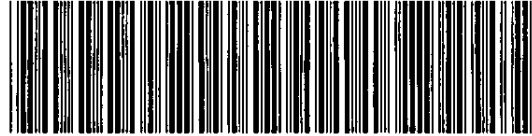
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 11 2015

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRADEX DIRECT INTERNATIONAL 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:

MANUEL A RODRIGUEZ

\_\_\_\_\_  
Name of Person

TRADEX DIRECT INTERNATIONAL

\_\_\_\_\_  
Firm/Company

3550 West 88Th St

\_\_\_\_\_  
Address

Hialeah, FL 33018

\_\_\_\_\_  
City/State and Zip Code

tradexdirectinternational@gmail.com

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

For further information concerning this matter, please call:

Manuel A Rodriguez

786 4483245

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

## TRADEX DIRECT INTERNATIONAL LLC

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>           | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|-----------------------|--------------------------|--------------------------------------------|
| AMBR         | LUIS E BETANCUR       | 10510 NW 74 ST APTD. 103 | <input type="checkbox"/> Add               |
|              |                       | DORAL, FL 33178          | <input checked="" type="checkbox"/> Remove |
|              |                       |                          | <input type="checkbox"/> Change            |
| MGR          | MARIA ELENA DI MAGGIO | 3550 WEST 88TH ST        | <input checked="" type="checkbox"/> Add    |
|              |                       | HIALEAH, FL 33018        | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |
|              |                       |                          | <input type="checkbox"/> Add               |
|              |                       |                          | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |
|              |                       |                          | <input type="checkbox"/> Add               |
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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