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(Re	equestor's Name)	
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SECRETARY OF SIGNOA

AUG 1 1 2016 S. YOUNG

COVER LETTER

	istration Secti sion of Corpo				
	SERVICE TR	ADER USA LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
			Julio Araujo		
			Name of Person		
		•	Total Corporation Services, Inc.		
			Firm/Company		
		63	355 NW 36TH ST. Suite 407		16 N
		· · · · · · · · · · · · · · · · · · ·	Address		6
			Virginia Gardens, FL 33166		16 AUG 10 PH 12: 15
			City/State and Zip Code		25
			sesor@corporacionesenusa.com		
For further in	formation cond	E-mail address: (cerning this matter, please ca	to be used for future annual report notifi	cation)	Ų,
	Julio Ar	raujo	305 871-2525		
	Name of Pe	erson	Area Code Daytime	Telephone Number	
Enclosed is a	check for the f	following amount:			
■ \$25.00 Fi	ling 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 enclo	

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

SER	VICE TRADER USA LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records orida Limited Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liabili	ty Company were filed on 12/09/2015	and assigned
Florida document number L15000205073	·	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		w- pri
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "LL.C."
Enter new principal offices address, if applicable	<u> </u>
(Principal office address MUST BE A STREET AI	DDRESS)	
		<u> </u>
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	າ	01
B. If amending the registered agent and/or r		, enter the name of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	orida
	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

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>	Type of Action
MGR	JAVIER A ROBERTI	601 SW 104TH TERR	
		Pembroke Pines, FL 33025	■ Remove
			Change
			Add
			☐ Remove
			Change
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(If an ef Note:	tive date, if other than the date of filing:	05.0207 (3)(b) sted as the
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.	ier of:
Dated	August os 2016	
	Signature of a member or authorized representative of a member	
	! ADRIANA C FALOTICO	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00