## 45000)205073

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SECRETARY OF SATIONS DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration S Division of Co			
SERVICE	TRADER USA LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		JULIO ARAUJO	
		Name of Person	
	TOTAL C	ORPORATION SERVICES, INC.	
	***	Firm/Company	
	63	55 NW 36TH ST SUITE 407	
		Address	···
	VIRC	GINIA GARDENS, FL 33166	
		City/State and Zip Code	
		sor@corporacionesenusa.com  to be used for future annual report notif	<del>, , , , , , , , , , , , , , , , , , , </del>
For further information	concerning this matter, please ca	·	ication)
	Julio Araujo	305 871-2525	
Name	of Person	at () 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICE TRADEI	R USA LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan	y were filed on 12/09/2015	and assigned
Florida document number L15000205073		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b></b>
		A SIGN
Enter new mailing address, if applicable:		- 67
		<b>3</b> - 45 c
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	÷-4 <u>€</u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	E. Division III	
	Enter Florida street address	
	Florid:	
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIANA C FALOTICO	165 NW 96TH TERR BUILD 3 AF	□ Add
		PEMBROKE PINES, FL 33024	Remove
			☐ Change
MGR	ALFREDO E CARDENAS	11313 NW 88TH TERR	<b>∃</b> Add
		DORAL, FL 33178	☐ Remove
			□ Change
		<del></del>	Add
			□ Remove
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Effecti	ve date, if other	than the date o	of filing:	<del></del>	2.70	(options	ıl)	
Note:	If the date inserted	in this block do	es not meet th	ne applicable st	atutory filing rec	quirements, this da	ng.) Pursuant to 60 ite will not be lis	5.0207 ted as t
docume	ent's effective date	on the Departm	ent of State's	records.				
he rec	ord specifies a	delaved effe	ctive date.	but not an e	effective time	at 12:01 a n	on the earli	ier of
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Dated .	05-01-2018		<u> </u>	•				
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		Signal	ire of a membe	or authorized i	epresentative of a	member		

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Filing Fee: \$25.00