

L17000 116502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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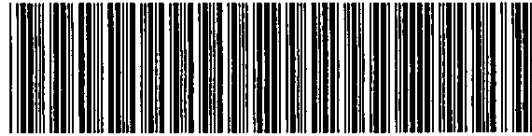
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 06 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI BUSINESS TRADERS, 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:

DAVID HERNANDEZ, CPA

Name of Person

DHCPA, INC.

Firm/Company

8200 NW 41ST STREET STE 200

Address

DORAL, FLORIDA 33166

City/State and Zip Code

DHERNANDEZ@DHCPA INC.COM

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

For further information concerning this matter, please call:

DAVID HERNANDEZ, CPA

305 707-8007

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIAMI BUSINESS TRADERS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/25/2017 and assigned Florida document number L17000116502.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2651 NW 84TH AVE APT 102

DORAL, FLORIDA 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2651 NW 84TH AVE APT 102

DORAL, FLORIDA 33122

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAVID HERNANDEZ, CPA

New Registered Office Address:

8200 NW 41ST STREET STE 200

Enter Florida street address

DORAL

City

Florida 33166

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>	<u>Type of Action</u>
AMBR	JONATHAN H TREJO MOLINA	2651 NW 84TH AVE APT 102	<input type="checkbox"/> Add
		DORAL, FLORIDA 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DANIEL A TREJO LOZADA	2651 NW 84TH AVE APT 102	<input type="checkbox"/> Add
		DORAL, FLORIDA 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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