

47000210606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

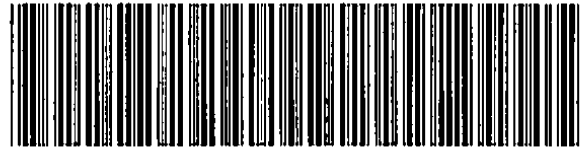
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SULKER

SEP 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH METALS 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:

GIUSEPPE DI CAMPO CONVENTI

Name of Person

Firm/Company

AV 02, URBANIZACION LAS VILLAS, VILLA 12

Address

LECHERIA, ANZOATEGUI STATE, VENEZUELA

City/State and Zip Code

giuseppedicampo@yahoo.com

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

For further information concerning this matter, please call:

GIUSEPPE DI CAMPO CONVENTI +58414 297-5130
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

If submitting via email, please attach a document with the following information: enter the title, name, and address of each person being added, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DI CAMPO CONVENTI GIUSEPPE	5388 MAST STREET, APT 103 ORLANDO FL 33814	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any prior information, enter changes) here: *none*

AUGUST 28TH 2014

- E. Effective date, if other than the date of filing: _____ (optional)
do not use this date, the time of filing will be printed in the filing on the date that same filing is made (Filing Fee) (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date in the Department of State records.)

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.

Dated _____

Giuseppe D. Camporossi, Secretary of State

GIUSEPPE D. CAMPOROSSI

Treasurer of the Department of State