C18000087843

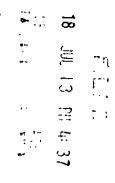
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	10000

Office Use Only



700314170107

08/25/18--01008--008 **35.00



S. PRATHER



June 29, 2018

CARLOS SIEVEKING 11052 NW 48 LANE DORAL, FL 33178 US

SUBJECT: GLOBAL TRADING USA LLC

Ref. Number: L18000087843

We have received your document for GLOBAL TRADING USA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 518A00013583

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT:	GLOBAL TRADING USA LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	CARLOS SIEVEKING Name of Person
	GLOBAL TRAINING USA LLC Firm/Company
	11052 NW 48 LANE
-	City/State and Zip Code C ZACARIAS & GCCACTRADING-USA. NET E-mail address: (to be used for future annual report notification)
For further information cone	erning this matter, please call:
CACLO Name of Pe	rson SIE JEKING at (30) 4676508 Area Code Daytime Telephone Number
Enclosed is a check for the f	ollowing amount: \$3,5 ALFEADY PAID
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability (A Florida	TFA DING Company as it now applicated Liability Company	USA CC pears on our records.)	<u>د</u>	_	
The Articles of Organization for this Limited Liability Co Florida document number $\angle 1800027$				assign	ed
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limit</u>	ted liability company	here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," (ne designation "LLC" o	or the abbreviation		
, ,				<u></u>	· r
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>		<u> </u>		<u></u>
Enter new mailing address, if applicable:	<u>,-</u>			- CO	
(Mailing address MAY BE A POST OFFICE BOX)			***	မ္တ	_
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our records,	enter the nan	ne of	the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter	Florida street address			
<u></u>		, Flori	ida		
	City		Zip Co	de	

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

• • • • •

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action Title Name Address 1/052 NW 42 CANE DULAL FLA 33178 AMBR CARLOS SIEVEKING _____ Remove _____ Change □ Add Change _□ Remove _____ Change _____ □ Add ☐ Remove _____ Change _□ Add ☐ Remove __ 🗆 Change □ Add _□ Remove

_D Change

· · · · · · · · · · · · · · · · · · ·		
,		
ctive date, if other than the date of filing:	late will not	be listed
d 07/10/2018.		
- Caracios	3 6- ; ;	∞,
Signature of a member or authorized representative of a member	. · ·	JUL
ENEW CHEISTIAN EACARIAS Typed or printed name of signee		—ين
typed or printed name of signee		-c:
Page 3 of 3	٨.	1 =-

Filing Fee: \$25.00