K14000160069

(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:

Office Use Only



000374153950

10/04/21--01022--004 **25.00

2121 POT 10 FH 2: 38

18/19/2/2



October 12, 2021

RUBEN SOUZA 845 N GARLAND AVE STE 100 ORLANDO, FL 32801

SUBJECT: BDN INTERNATIONAL TRADING LLC

Ref. Number: L18000160069

We have received your document for BDN INTERNATIONAL TRADING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P02000114832 BDN INVESTMENTS, INC.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00024746

Alecia Rivers Regulatory Specialist II

COVER LETTER

TO: Registration Se Division of Cor			
BDN INTE	ERNATIONAL TRADING LL	c	
SUBJECT:	Name of Lin	nted Liability Company	
The analogad Agradas of	Amandman and find Age, sub-	mirrort for fillian	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Ruben Souza		
		Name of Person	
	Medeiros Souza Corp		
		ATIONAL TRADING LLC Name of Limited Liability Company endment and fee(s) are submitted for filing nee concerning this matter to the following: Ruben Souza Name of Person Mederos Souza Corp Firm-Company 845 N Garland Ave, Suit 100 Address Orlando, FL 32801 Cuy/State and Zip Code assistant3/ganedeirossouza.com E-mail address: to be used for future annual report nonfication) erning this matter, please call: 326 8484 rson Area Code Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 32314 2415 N. Montroe Street, Suite 810	
	DN INTERNATIONAL TRADING LLC Name of Lamined Liability Company rtucles of Amendment and fee(s) are submitted for filing I correspondence concerning this matter to the following: Ruben Souza Name of Person Mederros Souza Corp Firm Company N45 N Garland Ave, Suit 100 Address Orlando, FL 32801 Cray/State and Zap Code assistant3/genedeitossouza.com E-mail address to be used for future annual seport notification) rmation concerning this matter, please call: 407 326 8484 Name of Person Area Code Daytine Telephone Number Deck for the following amount: ng Fee Source Status Certified Copy (additional cupy is enclosed) Street Address: Registration Section ion of Corporations Box 6327 The Centre of Tallathassee		
		Address	
	Orlando, FL 32801		
		-	
			fication)
For further information of			
Camila		407 326 8484	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Endovel in about East	h. fallaning amount		
	_	(7) \$55.00 William War, C.	□ \$40.00 WH V
= 525.00 ruing ree		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			rtion
-		-	
P.O. Box 632			
Tallahassee.	FL 32314		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BDN INTERNATIONAL TRADING LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	iy as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000160069}{1.18000160069}$.	were filed on 07.02/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
BDN INVESTMENTS USA LLC		
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ty Company," the designation "LLC" or the abbr-	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name</u>	of the new registere
Name of New Negastered Agent.		
New Registered Office Address:	Enter Florida street address	5-7 15-18
	Enter Curtai sireei aaness	21 (
	, Florida	70.001.
New Registered Agent's Signature, if changing Registered Agent:	Cus	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fai rovided for in Chapter 605, F.S. Or, if	niliar with and this document is

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>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

		 	
		·- ·	
			
			 -
	······································		
			_
		· · · · · · · · · · · · · · · · · · ·	
···			
		<u></u>	
·	· · · · · · · · · · · · · · · · · · ·		
	pecific and cannot be prior to date of fil loes not meet the applicable statuto	(optional) ng or more than 90 days after filing) Pursuant (ry filing requirements, this date will not b	
record specifies a delayed effective date		t a.m. on the earlier of: (b) The 90th day	y after the
1 is filed.			
OCTOBER 18TH	2021 /2		
	<i>'</i>		
Sign	ature of a member of authorized repres	entative of a member	_

Filing Fee: \$25.00