

3/5/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L200000743263**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H200000743263ABCY

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC  
Account Number : 120140000084  
Phone : (305)541-3980  
Fax Number : (888)772-8108

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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2020 MAR -5 PM 12:40

STATE OF FLORIDA

2020 MAR -5 AM 11:53

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRIPLE SEVEN UNITED TRADE LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

KIMMONS  
MAR 06 2020

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TRIPLE SEVEN UNITED TRADE 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 01/15/2020 and assigned  
Florida document number L20000022719

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 "LLC" or the abbreviation "LLCS"

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 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:

New Registered Office Address:

*Et.*

Florida

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

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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

| Title | Name                            | Address               | Type of Action                          |
|-------|---------------------------------|-----------------------|---|
| AMBR  | NUNES DE BARROS, PAULO HENRIQUE | 1549 NE 123RD ST      | <input checked="" type="checkbox"/> Add |
|       |                                 | NORTH MIAMI, FL 33161 | <input type="checkbox"/> Remove         |
|       |                                 |                       | <input type="checkbox"/> Change         |
| AMBR  | COGO, NOVAES DAIS               | 1549 NE 123RD ST      | <input checked="" type="checkbox"/> Add |
|       |                                 | NORTH MIAMI, FL 33161 | <input type="checkbox"/> Remove         |
|       |                                 |                       | <input type="checkbox"/> Change         |
|       |                                 |                       | <input type="checkbox"/> Add            |
|       |                                 |                       | <input type="checkbox"/> Remove         |
|       |                                 |                       | <input type="checkbox"/> Change         |
|       |                                 |                       | <input type="checkbox"/> Add            |
|       |                                 |                       | <input type="checkbox"/> Remove         |
|       |                                 |                       | <input type="checkbox"/> Change         |
|       |                                 |                       | <input type="checkbox"/> Add            |
|       |                                 |                       | <input type="checkbox"/> Remove         |
|       |                                 |                       | <input type="checkbox"/> Change         |
|       |                                 |                       | <input type="checkbox"/> Add            |
|       |                                 |                       | <input type="checkbox"/> Remove         |
|       |                                 |                       | <input type="checkbox"/> Change         |

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