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DOCUMENT # M9900000153							FILED	4			
INTERNATIONAL BUSINESS CONSULTANTS & TRADERS, LLC							SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address							OSEP 18 AMIO	. 02	ΛI		
15044 SW 110 TERRACE 15044 SW 110 TERRACE MIAMI FL 33196 MIAMI FL 33196							O SEE TO MITTU	. 02	1		
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE				
City & Stat	е		City & State			4. FEI	4. FEI Number Applied For Not Applicable				
Zip	ip Country		Zip	Counti		5. Cen	ificate of Status Desired		5.00 Add	ditional	
8. Name and Address of Cu		and Address of Current	nt Registered Agent		<u> </u>	7. Nam	e and Address of New Re		ee Require	4	
					_Name						
MOREIRA, CARLOS Street Address (ess (P.O. Box I	P.O. Box Number is Not Acceptable)				
15044 SW 110 TERRACE MIAMI FL 33196							4 A AVIA	· · · · · · · · · · · · · · · · · · ·	, 		
MINMI FE 22190					City	·	FL Zip Code				
The above pared entity submits this statement by the surgeon of above ing its registered office and interest of the surgeon of above in the surge											
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or	r printed name of registered agent	and title if applicable. (NO)	E: Hegistere	id Agent signature re	quired when reinsta		DATE			
					FEE IS \$50.						
			Make Check Pa	iyable t	o Departme	nt of State					
9. MANAGING MEMBERS/MANAGERS 10.						<u> </u>	ADDITIONS/	CHANGES			
TITLE	MGRM		☐ Delete	TITL	E				Change	Addition	
NAME	MOREIRA,			NAM	_						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 3	110 TERRACE			EET ADDRESS '-ST-ZIP					ı,	
TITLE	INIDAMI I E C	50 190	☐ Delete	TITL	E				Change	Addition	
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TITLE			Delete	TITL	-				Change	Addition	
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CITY-ST-ZIP			Delete		-ST-ZIP		<u>********</u>	<u>.00 *:</u>	±***50 □ Change	Addition	
TITLE NAME		•	L.) Delete	TITL! NAM					change	[] Addition	
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CITY-ST-ZIP	·		·	CITY	-ST-ZiP	······································	<u> </u>				
TITLE NAME			☐ Delete	TITLI NAM	•			1	Change	☐ Addition	
STREET ADDRESS			·		ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE		•			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the regeiver or trusted exposurement to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: MENURED_											
	y s	KANATURE AND TYPED OR PR	INTED NAME OF SIGNING MANAGING	MEMBER (OR MANAGER		Date	Day	time Phone #		