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COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJE	JMC TRADI	NG LLC					
Name of Limited Liability Company							
		Juanita Lopez					
			Name of Person				
		JMC TRADING LLC					
			Firm/Company				
		151 SE 15th Road ap	· · · · · · · · · · · · · · · · · · ·				
			Address				
		Miami, FL 33129					
			City/State and Zip Code				
				ion)			
For fur	ther information co		·				
Juanita Lopez <u>at (305)</u> 8034891							
	Name of	Person	Area Code Daytime Te	lephone Number			
Enclose	ed is a check for the	e following amount:					
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMC TRADING LLC					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L12000093049	y were filed on 07/17/2012 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	bility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	151 SE 15th Road suite 1901				
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33129				
Enter new mailing address, if applicable:	151 SE 15th Road suite 1901				
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33129				
(Mutaing that BE A FOST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ZOR AF				
	Enter Florida street address				
	City Zip Codas				
New Registered Agent's Signature, if changing Registered Agent					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am familiar with and				

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
MGR	Francisco Matallana	10700 SW 116 AVE.	□ Add
		Miami, FL 33178	Remove
			Add
			☐ Remove
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change

							
							
							
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Effective date, if other than	the data of f	04/18/2	2018		(optic	mal)	
If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	e must be specific his block does t	and cannot be of meet the a	pplicable stati	filing or more to story filing rec	nan 90 days after	filing.) Pursuant	to 605.0207 (be listed as t
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he record specifies a dela The 90th day after the	ayed effective record is file	ve date, bu ed.	t not an ef	ective time	, at 12:01 a	.m. on The	earffer of:
Dated April 18		2018				SEE.	23
	CU?	MODT	<u> </u>	recentative of a	member	FLORID	23 PH 12:13
	Signature	of a mendber or	authorized rep	resentative of a	member	2	ယ •

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00