## L14000013694

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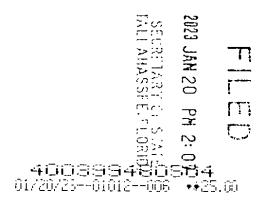
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A. RIVERS

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## **COVER LETTER**

· · · · · · · · · · · · · · · · · · ·	Registration Section Division of Corporations					
SHD IV/T.	Fiji Capital,	LLC				
SUBJE,C1;			ited Liability Company			
The enclosed	I Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspoi	ndence concerning this matter	to the following:			
		Che Phillips				
			Name of Person			
		Centrix Trading Co				
		-1-	Firm/Company			
		13794 SW 139TH CT				
			Address			
		MIAML FL 33186				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report notif	neation)		
For further i	nformation co	oncerning this matter, please ca	all:			
Che Phillips	į		305 338-6504 at ()			
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclosed is a	t check for th	e following amount:				
<b>■</b> \$25,00 I	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)		
Re Di		ection orporations	Street Address: Registration Sec Division of Cor	porations		
	). Box 632° Hahassee, F		The Centre of T 2415 N. Monroe Tallahassee, FL	e Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

riji Capitai LLC		
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our records Liability Company)	<u>r</u> )
The Articles of Organization for this Limited Liability Company	were filed on <u>L14000013694</u>	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Centrix Trading Co		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	13794 SW 1319TH CT	
	MIAMI, FL 33186	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		JAN 2
3. If amending the registered agent and/or registered office :	addrage an our rangeds antar t	177 1111
gent and/or the new registered office address here:	address on our records, enter	ORIO
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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