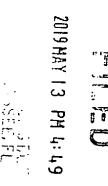
117000108400

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C GOLDEN MAY 2 8 2019

COVER LETTER

TO:		stration Sec ion of Corp			
SUBJEC	Τ• '	Amended an	d Restated	 Articles of Organization 	
SUBJEC	~ !			Name of Limited Li	ability Company
The encl	losed .	Articles of A	Amendmer	 nt and fee(s) are submitted 	for filing.
Please re	eturn a	ıll correspon	ndence cor	 cerning this matter to the 	 following:
			Marcel	 o Paolacci 	
					Name of Person
			Triton (Commodities LLC	
					Firm/Company
			360 Cc	ntral Ave., Suite 800	
			 :		Address
			St. Pete	rsburg/FL 33701	
			mpaolae	City ci@tritoncommodities.co	State and Zip Code
				[_	sed for future annual report notification)
For furth	ner inf	ormation co	oncerning 1	 his matter, please call: 	
Marcello	o Paol	acci			908 910-7587
		Name of	Person		at ()
Enclosed	d is a	check for th	e followin	l g amount: 	1
□ \$ 25.	.00 Fi	ling Fee		0 Filing Fee & tificate of Status	\$55.00 Filing Fee & Scottified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	NG ADDI ation Section of Corpo ex 6327 ssee, FL 3.	on trations	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

FILED

Triton Commodities LLC

2019 MAY 13 PM 4: 4

/b'	
(A Florida	V Company as it now appears on our records.) Limited Liability Company)
	1
The Articles of Organization for this Limited Liability Co	ompany were filed on way 10, 2017 and assigned
Florida document number L17000108400	<u> </u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	360 Central Avenue
(Principal office address MUST BE A STREET ADDR	ESS) Suite 800
	St. Petersburg, FL 33701
	2/0 () 1
Enter new mailing address, if applicable:	360 Central Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Suite 800
ļ.	St. Petersburg, FL 33701
registered agent and/or the new registered office addr Name of New Registered Agent:	ess here:
Halle of New Negistered Agent.	
New Registered Office Address:	Enter Florida street address
'	Emter riorida street daaress
	, Florida
N. B. III. II. II. II. II. II. II. II. II	City Zip Code
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

	g Authorized Person(s) authorized from our records:	ed to manage, <u>enter the title, name, an</u>	d address of each person being added
MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marcello Paolacci	360 Central Avenue, Suite 800 St. Petersburg, FL 33701	
			□ Remove
	Michael M Stabile		☐ Change
MGR			☐ Add
		360 Central Avenue, Suite 800	Remove
		St. Petersburg, FL 33701	Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

). It am	ending any other infor	mation, enter change(s	here: (Attach additional sheets, if necessary.)
•			
•			
,			
•			
	•		
•			
E. Effect	tive date, if other than	the date of filing:	(optional)
(If an ef	Tective date is listed, the date	must be specific and cannot b	e prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b applicable statutory filing requirements, this date will not be listed as the
		e Department of State's re	
	cord specifies a dela e 90th day after the i		ut not an effective time, at 12:01 a.m. on the earlier of:
	4.4		
Dated	May	<u> </u>	<u> 219</u> .
		76	
		Signature of a nember of	authorized representative of a member
	Michael M Stabile		
		Typed o	r printed name of signee
			Page 3 of 3
		Fili	ng Fee: \$25.00