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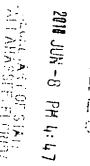
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COVER LETTER

	Registration S Division of Co			
414 FBS 1424 :		International Trading LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The encle	osed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all corresp	ondence concerning this matter	to the following:	
	-	Ignacio Alonso		
			Name of Person	
		Double T International Tra	ding LLC	
			Firm/Company	
		6995 NW 82 Ave Suite 39		
			Address	
		Miami, FL 33166		
			City/State and Zip Code	
		mirel.barcelo@corponefinar	ncial.com to be used for future annual report notif	*
For furthe	er information	eoncerning this matter, please co	·	ication)
Ignacio /	Alonso		305 779-8572 at ()	
	Name	of Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	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:

TO:

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

Double T International Trading LLC (Name of the Limite)		ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Lia Florida document number L17000124979	ability Company	were filed on <u>06/07/2017</u>	:	and assi	gned		
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
Double T International Trading LLC							
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "LLC" o	r the abbrevia	L.I" noite	"C "		
Enter new principal offices address, if application	ıble:	6995 NW 82 Ave Suite 39					
(Principal office address MUST BE A STREE)		Miami, FL 33166					
Enter new mailing address, if applicable:		6995 NW 82 Ave Suite 39					
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	Miami, FL 33166					
B. If amending the registered agent and/or the new registered of			enter the	name 2019	of the nev		
Name of New Registered Agent:	Ignacio Alonso		<u> 50</u>	== ===================================			
New Registered Office Address:	6995 NW 82 A	6995 NW 82 Ave Suite 39 Enter Florida street address			<u></u>		
	Miami	, Flori	OIL ARY 063	P	rr.		
		City	<u>⇔</u> _5.2	ip Gode	<u></u>		

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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ignacio Alonso	6995 NW 82 Ave Suite 39	
		Miami, FL 33166	□ Remove
	<u> </u>	<u> </u>	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00