# 1180000163391

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### **COVER LETTER**

Divisio	n of Corp	orations		
SUBJECT:	3LD	TRADING LL	. (	
			nited Liability Company	<del></del>
The enclosed Ar	ticles of A	mendment and fee(s) are sul	bmitted for filing.	
Please return all	correspond	dence concerning this matter	r to the following:	
		Lida (ru	A Name of Person	
		BLD TRADIA	Firm/Company	
		20505 F (Ou	try (lub Dr. Unit 1	1539
		Miami - Florid	City/State and Zip Code  Gmail.com  do be used for future annual report no	180
		Vovecurchiaz @ E-mail address:	Gmail.(om do be used for future annual report no	tification)
For further infor	mation cor	ncerning this matter, please of	call:	
Lorean	Name of I	oerson	at ( <u>786</u> ) <u>374 (0</u> Area Code Daytii	me Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g 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** 

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 ARTICLES OF ORGANIZATION **OF**

3LD TEADING LLC	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L18000063391</u>	y Company were filed on <u>June 27, 2018</u> and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	AL E
(Principal office address MUST BE A STREET AD	Santa and
Enter new mailing address, if applicable:	SSECTION D
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re- registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	-orento Diaz
New Registered Office Address:	Enter Florida street address
	, Florida _
	City Zip Code
New Registered Agent's Signature, if changing Registe	ered 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.

hanging Registered Agent, Signature of New Registered Agent

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
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		Unit 1539. Miani-Florida	Remove
		Zip (ode: FL33180	Change
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Effective date, if other the (If an effective date is listed, the c Note: If the date inserted in document's effective date or	date must be specific this block does n	and cannot be prior of meet the application.	cable statutory filii	nore than 90 days afte		
he record specifies a de The 90th day after th			ot an effective	time, at 12:01	a.m. on the ear	lier of:
Dated July 17	<b>4</b> h	2018				
	C:	of a mumber or auth	orized representativ			
	Signature o	n a member or auti.	ionzed representativ	e or a member		

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If

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