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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: A1	Shipping and	Trade LLC ted Liability Company	
The analogod Assighm of A	Amendment and fee(s) are subr	nitted for filing	
Please return all correspor	idence concerning this matter t	to the following:	
	Maurici	Name of Person	·
		ping and Tra	
	7333	NW 54th St.	
	Mia	mi, FL. 3316 City/State and Zip Code  co & pmglobalcu o be used for future-Innual report nou	66
	E-mail address: (t	io e pmalobala o be used for future annual report noti	argo.com fication)
For further information co	oncerning this matter, please ca	all:	
Macinic	iv Torres Person	at (305) 735 Area Code Daytim	8276 e Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

All Shipping & Trade, LLC

company has been notified in writing of this change.

2022 MAY 26 PM 6: 06

( <u>Name of the Limited Liability C</u> (A Florida Lir		
		TALLAHASSEE, FL"
The Articles of Organization for this Limited Liability Com	ipany were filed on April I	17, 2019 and assigned
lorida document number 1.19000105918		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	I Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of	ffice address on our reco	ords, <u>enter the name of the new regis</u>
gent and/or the new registered office address here:		
N CN P day and A com	Aguricio Te	7 DTTP (
Name of New Registered Agent:	(0,411212)	
New Registered Office Address:	P . Pl · I	
	Enter Fiorida	street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com	d agree to act in this cap	pacity. I further agree to comply with

accept the obligations of my position as registered agent as provided for in Chapter 605. FS. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited/liability

If Changing 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>	Name	Address	Type of Action
MGR	YANEZ, STEPHANIE COROMOT	7333 NW 54TH ST	□Add
		MIAMI, FL 33166	<b>≅</b> Remove
			□ Change
MGR	MAURICIO TORRES	7333 NW 54TH ST	<b>≣</b> Add
		MIAMI, FL 33166	□Remove
			Change
			□Remove
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ecord spe is filed.	cifies a delay	ed effective da	de, but not an	effective tim	e, at 12:01 a.n	1. on the earlie	er of: (b) - Th !	e 90th day after
	05/18	3 /202	2	·/	/			
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-		Sig	nature of a mer	ober or author	ized re <u>nres</u> entat	ive of a member	<u> </u>	