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COVER LETTER

Division of Corporations	
SUBJECT: Lie ht Path trading LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vikloriya O'Sullivan Name of Person	
Lightpath tradius, LLC	
4512 Bougainville Dr APty Address	
City/State and Zip Code E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Viktoriys 0 Sollivan at (973) 978 1116 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\sum{25.00}\$ Filing Fee \tag{S30.00}\$ Filing Fee \tag{S55.00}\$ Filing Fee \tag{Certificate of Status}\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

Light PAth Trading	, 11	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		21 and assigned
A. If amending name, enter the new name of the limited liab		
LightPath Hypnotheras The new name must be distinguishable and contain the words "Limited Liabi	Ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	45/2 Bougainvil	la Dr.
(Principal office address MUST BE A STREET ADDRESS)	4512 Bougainvill Apty. Laudordals F.L. 33308	e by-tho-se
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registere
Name of New Registered Agent:		. T.
New Registered Office Address:		
	Enter Florida street address	
	, Florida	••
	City	Zip Góde

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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan ef Note:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	06/16/2021
	Signature of authorized representative of a memocr
	Viktorius OSUlivan Typed or printed name of signee

E. E. #35.00