

L24000112600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

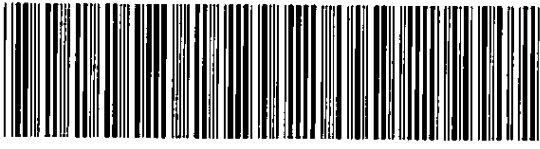
(Business Entity Name)

(Document Number)

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2024 JUN -4 PM 4:06
SECY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LM2 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:

Matias A Diaz

Name of Person

LM2 TRADING LLC

Firm/Company

12840 SW 9TH PLACE

Address

DAVIE, Florida 33325-5517

City/State and Zip Code

matias@lm2trading.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matia A Diaz

Name of Person

954

at ()
Area Code

860-2087 & 821 1483

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN -4 PM 4: 06

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LM2 TRADING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/05/24 and assigned Florida document number L24000112600.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Wilson F Cordero

New Registered Office Address:

1955 SW 70TH WAY

Enter Florida street address

NORTH LAUDERDALE

Florida FL 33068

City

Zip Code

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.

Wilson F. Cordero
If Changing Registered Agent, Signature of New Registered Agent

STATE OF FLORIDA
JUN - 4 4:06
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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>	<u>Type of Action</u>
AMBR	MELANIE GIMENO	12840 SW 9TH PL DAVIE, FL 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	MATIAS A DIAZ	AV OLAZABAL 3711 CABA COD. POSTAL 1430 ARGENTINA.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	LUIS M SAN MARCO	2478 DTO 401 CIUDAD DE BUENOS AIRES 1430 ARGENTINA.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2002 JUN 14 PM 1:11
 STATE OF FLORIDA
 TALLAHASSEE
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