

<u> </u>	(Requestor's Name)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
whena	tom
	7

Office Use Only



800324634268

03/15/19--01006--008 **35.00

SCLEETARY OF STATE
THIS OF OF STATE
AND OF CORPORATIONS

brumo

APR 06 2019

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: TRAD	ING CONNECTIO	NS LLC ited Liability Company			
		, , ,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CARDLINA	OVALLE			
		Name of Person			
		Firm/Company	<u>.</u>		
	13430 SW	17 CT			
		Address			
		MIRAMAR /FL 3302 City/State and Zip Code	. }		
	Contact 6tr	ading connections. To be used for future annual report notifi	net		
For further information co	oncerning this matter, please ca		cation)	19 Å	96148 038
	A OVACLÉ	at (305) 80394	98	APR-5	70 % 70 % 70 %
Name of	Person	Area Code Daytime	Telephone Number	AX =	CORPOR
Enclosed is a check for th	e following amount:			: 00	IVI IVI
□ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$t: Certified Copy (additional copy is e	e. atus &	TATE

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



March 26, 2019

CAROLINA OVALLE 13430 SW 17TH CT MIRAMAR, FL 33027

SUBJECT: TRADING CONNECTIONS LLC

Ref. Number: L06000030389

We have received your document for TRADING CONNECTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 119A00005984

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

TRADING CONNECT	TIONS LLC			
(<u>Name of the Limited I</u> (λ I	<u> Jiability Company</u> Florida Limited Lia	as it now appears on or bility Company)	ir records.)	
The Articles of Organization for this Limited Liabi	lity Company w	ere filed on		and assigned
Florida document number <u>L0600000 30 38</u>	39			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
The new name must be distinguishable and contain the words	s "Lunited Liability	Company," the designat	ton "LLC" or the abb	vizoreviation "L.ÉC∰
Enter new principal offices address, if applicable				500 R
(Principal office address MUST BE A STREET A		13430 SW	17 CT	7 9757
		MIRAMAR	FL 33077	1
Enter new mailing address, if applicable:		13430 SW_	17 CT	STATE ORATIO
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	MIRAMAR F	1 33077	<u>**</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	_	ce address on our	records, enter	the name of the ne
Name of New Registered Agent:	CAROLIN	A OVAILE		, ,
New Registered Office Address:	13430 5	SW 17 CT		
•		Enter Florida str	vet address	
	MIRAI	√	, Florida	7 7 57 1

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

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
<u>P</u>	AMPARO ARANGO	310 PALM CIR E AP 310	
		PEMBEOKE PINES FL 33025	Remove
			Change
<u>P</u>	CAROLINA OVALLE	13430 SW 17 QT	X Add
		MIRAMAR FL 33077	Remove
			Change
			Add
			□ Remove
			□ Change
			🗆 Add
			Change
			□ Remove
			□ Change
			🗆 Add
			_□ Remove
			_□ Change

_	
_	
_	
_	
_	
_	
-	
-	
-	
-	
-	
-	
=	
-	
_	
Note:	ive date, if other than the date of filing: APPLL 1 2019 (optional) ective 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.
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	APRIC 1 2019
	(affine Lune).
	Signature of a member or puthorized representative of a member

Page 3 of 3

Filing Fee: \$25.00