1880/1000/10

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

1 DAJ Trading 1	LC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited to the limi	ed liability company here: radua LLC ed Liability Company the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enter the name of the neves here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Litter Piorica Street address
	, Florida 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			Change
	<u> </u>		
			☐ Remove
	·		Change
			🗆 Add
		,	□ Remove
			Change
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			Change
			D Add
			□ Remove
			Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
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Note: If t document	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da he date inserted in this block does not meet the applicable statutory filing requirement 's effective date on the Department of State's records.	nts, this date will not be li	sted as the
	d specifies a delayed effective date, but not an effective time, at 12 oth day after the record is filed.	2:01 a.m. on the ear	lier of:
Dated	11 3 15	, , , , ,	
0	Signature of a member or authorized representative of a member	V - 3 ETAFF HASSEF	4.5.E.
	Typed or printed name of signee	NA 10:	DOX.
	Page 3 of 3	ID: 38 STATE LORIDA	

Filing Fee: \$25.00