Division of Corporations

SECOND REQUEST



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : I20030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@cuevastaw.com

PERMITTED PHILLS IN USER VISIONS AND THE PRINCE OF STATE OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHINA EXPORT TRADING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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K. Brumbley

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CHINA EXPORT TRADING, LL					
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y <u>as it now appears on ou</u> ability Company)	r records.)		
The Articles of Organization for this Limited I	Liability Company v	vere filed on 11/09/2	007	and assig	gned
lorida document number L07000113673	·				
his amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liabil	ity company here:			
he new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	on "LLC" or the abb	reviation "L.L	.C."
nter new principal offices address, if appli		_			
Principal office address MUST BE A STRE.					

			<u> </u>		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	E BOX)				
3. If amending the registered agent and/or		ldress on our records	, enter the name		
gent and/or the new registered office addre	ess nere:			(2) A	
Name of New Registered Agent:	Cuevas, Garcia &	E Torres, P.A.		AUG T	
New Registered Office Address:	4000 Ponce de L	eon Blvd., Suite 610			
		Enter Florida stree	et address		<u> </u>
	Coral Gables		, Florida	46	
		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

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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>	Address	Type of Action
AMBR	DE JESUS, JUAN F	1451 Tremont St., Apt 3F	■ Add
		Boston, MA 02120	□Remove
			□Change
			DAdd
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	DAdd
			□Remove
			☐Change
			□Add
		1917-1470-247-1	□Remove
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			Change
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Tective date, if other than the meffective date is listed, the date meter If the date inserted in this becument's effective date on the I	lock does not meet the	applicable statutory fil	(option more than 90 days after fit ling requirements, this d	al) ing.) Pursuant to 605.0207 (into will not be listed as the
record specifies a delayed effecti is filed.	e date, but not an effec	tive time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
ated July 25	, 2023 ,,	torp		
	Signature of a member of	r authorized representati	ive of a member	

Filing Fee: \$25.00

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