L09 0000 34330

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100328060761

U4/22/19--U1035--U12 **25.00

S TALLENT MAY 0 7 2019



MC

COVER LETTER

TO: Registration Section Division of Corporations

BJECT:	A GOLD TRADERS NV LLC		.
	Name of Lim	ited Liability Company	
enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
se return all corresp	ondence concerning this matter	to the following:	
	MARK I. FORNARIS PA		
	-	Name of Person	
		Firm/Company	
	3508 NW 114TH AVENUE		
	MIAMI, FL. 33178	Address	
	mark@fornarislaw.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notifi-	
further information	concerning this matter, please ca	all:	
i Romeu		305 463-9446 at ()	
Name	of Person		Telephone Number
losed 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 Statu Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGTUNA GOLD TRADERS NV LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ou ited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.09000034330}{1.09000034330}$.	oany were filed on 04/08/200	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ENIS GLOBAL COMMODITIES, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and		

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
		NO	
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		 -	□ Remove
			☐ Change

Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i					
Note: If the date i				·	
Note: If the date i					
Note: If the date i					
	other than the date of isted, the date must be specifiserted in this block does we date on the Departmen	not meet the applic	cable statutory fili	(opt more than 90 days afte ng requirements, th	ional) er filing.) Pursuant to 605.020 is date will not be listed a
	ies a delayed effecti after the record is fi		ot an effective	time, at 12:01	a.m. on the earlier o
04/17 Dated		2019			
			` 		
	Signature	e of a member or auth	orized representativ	'e of a member	
MARK			p Dominati		

Page 3 of 3

Filing Fee: \$25.00