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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809

Fax Number ; (305)377-0781

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YNTEGRA TRADING, LLC

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APR 17 2024

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YNTEGRÂ TRADING, LLC		
(Name of the Limited Liability Company (A Florida Limited Lu	as It now oppears on our reco billity Company)	rds)
The Articles of Organization for this Limited Liability Company w Florida document number L10000019806	ere filed on 02/22/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
YNTEGRA GROUP, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "Ll	.C' or the abbreviation "11C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>ent</u> e	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		2
New Negisleted Office Adoless:	Enter Florida street addr	• •
	, F	Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, a	and I am familiar with and

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 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
MGR FEL	FELIPE MACLEAN	1450 BRICKELL AVENUE, SUITE 1420	
		MIAMI, FL 33131	
			= Change
			ORemove
			(Change
		□∧dd	
		□Remove	
			□Change
		C] Add	
		©Remove	
			□Add
		□Remove	
			Change
			□Add
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			Channa

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	(אינז
	
	
	
	
	the first and the suffernment accumulation with the
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of thing or more than 90 days after filing Nute: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.) g.) Pursuant to 605.0207 (2 e will not be listed as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the certier of: (b) Tord is filed.	he 90th day after the
Dated APRIL 16 2024	
Signature of aniembor or authorized representative of a number	
FELIPE MACLEAN AUTHORIZED REPRESENTATIVE	

Filing Fee: \$25.00