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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	SAAR TRAD Name of Lim	ING LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SHAH	Son   TA S	
		Name of Person	
	SAAR T	TRADING LCC	
		Firm/Company	
	304 TAL	L OAK TRL Address	
		Address	
	TARPON SU	PRINGS, FL 3. City/State and Zip Code	4688
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please cr	all:	
SHAH SMIT	A 1 Person	at (727) 934 Area Code Daytime	6141 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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 Status & 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**

FILED

SAAR	TRADINO	12-0		2018 NOV -2	PM 3:41
(Name of the	Limited Liability Company (A Florida Limited Lia	as it now appears on o	ur records.)	SUU EMARY TALLAHAS	OF STATE
The Articles of Organization for this Limit Florida document number		ere filed on <u>DU</u>	<u> 10 مد ا 29</u>	and assig	
This amendment is submitted to amend the	following:				
A. If amending name, enter the new nar	ne of the limited liabili	ty company here:			
The new name must be distinguishable and contain	the words "Limited Liability	Company," the designa	tion "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if ap	oplicable:				
(Principal office address MUST BE A ST.	REET ADDRESS)				
Enter new mailing address, if applicable	<b>;</b>		·		<del></del>
(Mailing address MAY BE A POST OFF)	ICE BOX)				<del>-</del>
B. If amending the registered agent registered agent		ce address on our	records, ente	r the name of	the new
Name of New Registered Agent:			<del>-</del>		
New Registered Office Address:		Enter Florida stre			
		Lines Painta Sire	er adar ess		
		Citv	, Florida _	Zip Code	
New Registered Agent's Signature, if chang	ing Registered Agent:	- <b>.</b>		24. 0	
I hereby accept the appointment as regis		to act in this capac	ity I further o	aree to comply	viith the
. nervoy accept the appointment as regis		Capac		are to comply	

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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
MGRM	ALMERA, AMIS	304 Tall Oak TRZ	
		JARPON SPRINGS FL 34688	Remove
			Change
			D Add
			Remove
			Change
<del></del>			
			□ Remove
			Change
			Add
			□ Remove
			Change
			D Add
			Remove
			Change
<del></del>			□ Add
			□ Remove
			Change

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(If an effec <u>Note:</u> If	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 30th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00