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| Certified Copies | _ Certificate: | s of Status |
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| Special Instructions to | Filing Officer: | |
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| | Registration Sec Division of Corp | | | | | | |
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| aun it c | YHWH Trac | de I.L.C | | | | | |
| SUBJEC | 1: | Name of Limite | ed Liability Company | | | | |
| The enclo | osed Articles of A | Amendment and fee(s) are subm | nitted for filing. | | | | |
| Please ret | turn all correspo | ndence concerning this matter to | o the following: | | | | |
| | | Edgar Arvelo | | | | | |
| | | | Name of Person | | | | |
| | | YHWH Trade LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 1655 N 29th Street #911 | | | | | |
| | | Address | | | | | |
| | | Fort Pierce, FL 34947 | | | | | |
| | | edgararvelo1963@gmail.cor | | | | | |
| | | E-mail address: (t | o be used for future annual report notifi | cation) | | | |
| For furth | ner information c | concerning this matter, please ca | dt: | | | | |
| Edgar A | rvelo | | 561 206-2315 at () | | | | |
| | Name o | of Person | Area Code Daytime | Telephone Number | | | |
| Enclose | d is a check for t | he following amount: | | | | | |
| | .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) | | | |
| | MAII | LING ADDRESS: | STREET/COURI | | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YHWH Trade LLC (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records. | |
|--|---|------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number 111000078722 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liah | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1655 N 29th Street #911 | |
| (Principal office address MUST BE A STREET ADDRESS) | Fort Pierce, FL 34947 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1655 N 29th Street #911 Fort Pierce.FL 34947 | MAR 18 PM |
| B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her | office address on our records re: | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres: | s |
| | , Flo | orida |
| | 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

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 |
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Page 3 of 3

Filing Fee: \$25.00