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(Requ	iestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	EWC Tradi	ng Services, LLC		
3013120	· · ·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Sheila Muzin		
			Name of Person	
		Expedited World Cargo		
			Firm/Company	
		9667 NW 33rd Street		
			Address	
		Miami, FL 33172		
		sheila.muzin@ewcnow.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please ca	all:	
Sheila M	luzin		305 392-5085	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25.0	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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EWC Trading Services, LLC.			
(Name of the Limited Liabil (A Florid	lity Company as it now app da Limited Liability Company	ears on our records.) /)	
The Articles of Organization for this Limited Liability (Company were filed on .	Nov. 16, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :	
EWC Solutions, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	e designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
			1020
Inter new mailing address, if applicable:			8
Mailing address MAY BE A POST OFFICE BOX)			P 11
during address with the state of the bond			S ·
			<u> </u>
3. If amending the registered agent and/or registere		records, enter the n	ame of the new regist
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	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
-		- 110-	□Add
			□Remove
			□ Change
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If an efi Note:	ive date, if other than the date of filing: [Ob/02/2020] (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next of the date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	,,
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member