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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER AUG 1 6 2018

COVER LETTER

Division of Co			
	DING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Juanita Lopez		
	<u> </u>	Name of Person	
	JMC TRADING LLC		
		Firm/Company	
	151 SE 15th Road apt 190	1	
		Address	
	MIAMI, FL 33129		
	jljmetrading@gmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Juanita Lopez		305 8034891 at ()	
Name	of Person		e Telephone Number
Enclosed 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 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

JMC TRADING LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our reimited Liability Company)	ecords.)
he Articles of Organization for this Limited Liability Conforda document number 1.12000093049	mpany were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
ne new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	18
	····	AUG
		13 Fac
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)	 -	
		1 10 1%
. If amending the registered agent and/or registered agent and/or the new registered office addre		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street o	uddress
<u> </u>		_, 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>	<u>Address</u>	Type of Action
MGR	Carlos G. Lopez	151 SE 15th Road apt 1901.	
		Miami, FL 33129	■ Remove
			☐ Change
MGR	Gustavo A. Lopez	151 SE 15th Road apt 1901.	
		Miami, FL 33129	Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change

`amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)	
		
		
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Iffective date, if other than the date of filing:	onal) r (iling.) Pursuant to 6 s date will not be l	505.0207 isted as
e record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	a.m. on the ea	rlier of
Dated		
Signature of a member or authorized representative of a member		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00