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COVER LETTER

TO:

Registration Section
Division of Corporations

IID IECT.

YNA TRADING , LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AYA NOURI

Name of Person

Firm/Company

12727 NW 11 PLACE

Address

SUNRISE, FL 33323

City/State and Zip Code

KENOURI@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KHIER NOURI

_954\5**57-7767**

Name of Person

Area Code & Daytime 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

INA INADING, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	hbility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L12000160061</u> .	vere filed on 12/26/2012	_ and as	signe	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LL	C" or the	abbre	viation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		Page 1	2013	end my
Enter new mailing address, if applicable:		<u> 결위</u>	=	F-State
(Mailing address MAY BE A POST OFFICE BOX)		<u> ()) 본</u> () (26	Craw.
		mo		<u>कृष्य</u> े
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the	Simme OA	of th	e new
Name of New Registered Agent:				
New Registered Office Address:				
Tiew Regionated Office Plantess.	Enter Florida street addre	SS		
	, Florida	34 .		_
	City	Žip Cod	de:	Kerne.
New Registered Agent's Signature, if changing Registered Agent:			<u> </u>	auna-
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ete performance of my duties, and I an rovided for in Chapter 608, F.S. Or, if address, I hereby confirm that the limi	i familia This doc	uwit. Timer	hjand

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> Name 12727 NW 11 PLACE KHIER NOURI **MGRM** SUNRISE, FL 33323 Remove Remove Remove Remove Remove

If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.
JULY 23	2013
	
AYA NOURI, N	
	Typed or printed name of signe

Filing Fee: \$25.00