L13000063731

(R	equestor's Name)	
(A	ddress)	
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A)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	l
(D	ocument Number)	
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COVER LETTER

	gistration Sect ision of Corpe			
CUDIFCT.	STATION G	LOBAL LOGISTIC, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		BIANCA KEGEL		
			Name of Person	
		ACE ADVISORS USA		
			Firm/Company	
		7734 TUSCAN BAY CIR	CLE	
			Address	
		WESLEY CHAPEL, FL. 3	33545	
		-	City/State and Zip Code	
		BIANCA@ACEADVISOR		
		E-mail address: (to be used for future annual repor	notification)
For further in	nformation cor	scerning this matter, please ca	all:	
BIANCA K	EGEL		404 916-201 at ()	
	Name of I	Person	Area Code Da	sytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STATION GLOBAL LOGISTIC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{^{04/12/2013}}$ and assigned Florida document number L13000053731 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUN VALLEY XTRADING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 0 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Add
			🗆 Remove
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). If amend	ding any other informa	tion, enter change	(s) here: (Attach	additional sheets, if nec	essary.)
					
					
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Note: If	e date, if other than the tive date is listed, the date mus the date inserted in this blo it's effective date on the Do	ock does not meet the	e applicable statuto	(opt ing or more than 90 days afte ory filing requirements, th	ional) or filing.) Pursuant to 605.0207 (3) is date will not be listed as the
f the record s ecord is filed	specifies a delayed effective l.	e date, but not an effo	ective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
Dated M	IARCH 20	. 202	3		
		Signature of a member	r or authorized repres	centative of a member	
	ANDERSON V STERE)ı /	/ 46		
		Туред	of printed name of s	ignee	