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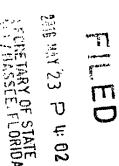
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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MAY 25 2016

SWARREN

COVER LETTER

TO: Registration Sect Division of Corpo			•
SUBJECT:	JJG T Name of Limit	rading LLC ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Ma	Name of Person	\
	JJG	Trading Firm/Company	LLC
	2072	Trading Firm/Company SE 6 Address	Street
	Deerfie	ld Beach, FL	33441
	E-mail address: (i	Address I of Beach, FL City/State and Zip Code OUT Ney a gman o be used for future annual report notific	il, com
For further information con	cerning this matter, please ca		
Marc Name of F	Nink off	at (954 42) Area Code Daytime T	4227 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 6/6/2013 and assigned
Florida document number <u>L 130000 822</u> 05	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability comp</u>	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:	T'S T
(Mailing address MAY BE A POST OFFICE BOX)	SI SI
	RATE O
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Enter Florida 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 Title Name **Type of Action** Marc. Minkuff 2072 SE 6th Street Madd

Desfield Beach, FL 3344) Remove MGR ☐ Change VP Xi yu Zhou 2062 SE 6th Street - Add

Deerfield Beach, FL 33441 Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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If am en	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an effect Note: I	e date, if other than the date of filing:	
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	of:
Dated _	5/18 29/19/1	
	Signature of a member of authorized representative of a member	
	Marc Minkoff 5 Typed or printed name of signee	
	Page 3 of 3	•
	Filing Fee: \$25.00)