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	gistration Section of Corp			• · · · • • • • · · • • · · • · · • ·
CUDIFCT.		PR TRADING, LLC	·	
SUBJECT:			ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		LUIS R. CALDERON		
			Name of Person	
BELAIR ACCOUNTING SERVICES, INC.				
Firm/Company				
3636 GATLIN PLACE CIRCLE, STE A Address				
		ORLANDO, FL 32812		
			City/State and Zip Code	
		adlush@aol.com		
		E-mail address: (1	to be used for future annual report notifica	ation)
For further in	nformation co	ncerning this matter, please ca	all:	
LUIS R. CA	LDERON		407 944-9262 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION 2015 AUG 31 PM 4: 00

GLOBAL RPR TRADING, 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 Compan	y were filed on 04/09/2014	and assigned	
Florida document number L13000102707			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "Ll	LC" 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)		·	
B. If amending the registered agent and/or registered	office address on our recor	ds enter the name of the new	
registered agent and/or the new registered office address he		us, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	REDILLO, ADOLFO SR	754 BRANDY AVE	
		BRONX, NY 10462	■ Remove
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			☐ Change
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D. If amending any other informa	ition, enter change(s)) here: (Attac	h additional sheets,	if necessary.)		
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E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be lock does not meet the a	applicable statu	filing or more than 90 da tory filing requiremen	ys after filing.) Purs	suant to 605,020%	<b>₽</b> )(b)
If the record specifies a delayed (b) The 90th day after the rec		ut not an eff	ective time, at 12	2:01 a.m. on t	he earlier of	·:
DatedAUGUST 28	2015					
alno Padri	Signature of a member or	n authories for				
(	Signature of a member or	r authorized repr	esentative of a member			
ALNOR RODRIGUEZ						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00