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COVER LETTER

TO:

Registration Section Division of Corporations

Centrix Tra SUBJECT:	iding Co LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Che Phillips			
		Name of Person		
	Centrix Trading LLC			
		Firm/Company		
	13794 SW 139TH CT			
	Address			
	MIAMI, FL 33186			
	City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	tication)	
For further information c	oncerning this matter, please c		·	
Che Phillips		305 338-6504 at ()		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor		
P.O. Box 632	7	The Centre of T	allahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FilzD

Centrix Trading Co LLC

2023 FEB - 6 PM 1:29

(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 _\O\-2\-2014 and assigned Florida document number ^{1,14000013694} This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Centrix Trading LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.E.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 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.

City

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>	Address	Type of Action
AMBR	Phillips, Che H	13794 SW 139TH CT	□Add
		MIAMI, FL 33186	□Remove
			■Change
		□Add	
		□Remove	
			□Change
		🗇 Add	
			□ Remove
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		□Remove	
		□Change	
		□Remove	
			Change
			□Remove
			□Change

-	
an effect <u>ote:</u> - If	edate, if other than the date of filing:
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	02-06.2023
	iMA = 0
	Signature of a member of authorized representative of a member