## N14 000054739

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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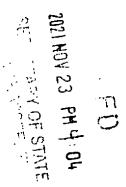
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A. RIVERS
DEC - 9 2021



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## **COVER LETTER**

TO: Registration So Division of Cos			
Jameson T	rading LLC	:	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
		Name of Person	
	Imre Borsanyi CPA PA		
	<del></del> -	Firm/Company	<del></del>
	20801 Biscayne Blvd, ST	E 403 Office 415	
	-	Address	
	Aventura, FL 33180		
	•	City/State and Zip Code	
	Anita@ib-cpa.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
Anita Tallo		305 482-1975	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Se	vetion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jameson Trading LLC			
(Name of the Limi	ted Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited L Florida document number <u>L14000054739</u>	iability Company were filed on 4/3/2014	0	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
Arnage Trading LLC			
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation	"LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
Enter now mailing address if and limble			
Enter new mailing address, if applicable:	nov.		
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or r	conjugated office address on our records of	nto-the neme of t	
agent and/or the new registered office addre		nter the name of t	ne new registered
Name of New Registered Agent:	Anita Tallo		2021 NOV 23 F
New Registered Office Address:	19501 West Country Club Drive Apt 1103		704
- Text regulated Synte reduces.	Enter Florida street a	ddress	23
	Aventura	, Florida <u>33180</u>	35 m 1
	City	Ziq	Coderi
New Registered Agent's Signature, if changing l	Registered Agent:		2
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of my dutie stered agent as provided for in Chapter 6 registered office address, I hereby confiri	s, and Lam famili 605, F.S. Or, if thi	comply with the ar with and s document is
	If Changing Registered Agent, Signat	ure of New Registere	d 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Change
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			Change

•	
F ffact	ive date if other than the date of filings
Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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 led.
Dated	1/04/2021
	Signature of a member of authorized representative of a member
	Varadi Tibor

Filing Fee: \$25.00