L14000054739

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C. BRUMBLEY FEB 1 8 2022

COVER LETTER

TO: Registration S Division of Co		,	
Jameson T	Frading LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	Imre Borsanyi CPA PA		
		Firm/Company	
	20801 Biscayne Blvd, STF	E 403 Office 415	
		Address	
	Aventura, Fl. 33180		
		City/State and Zip Code	
	Anita@ib-cpa.com		
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	an:	
Anita Tallo		305 482-1975 at ()	
Name	of Person	Area Code Daytin	ne 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 Addre Registration		Street Address: Registration Sc	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arnage Trading LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{4/3/2014}{}$		and assigned
Florida document number L14000054739			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Jameson Trading LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	in "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	0		
			202
			77
Enter new mailing address, if applicable:			H H H H H H H H H H H H H H H H H H H
,,		-	. 7
(Mailing address MAY BE A POST OFFICE BOX)			三章 川
			<u> </u>
D. If amonding the registered agent and/an emissional off			-
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records,	enter the name	or the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		Florida	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hough a good the appointment and the state of the state		10.1	

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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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an effe	ctive date is listed, the fithe date inserted	e date must be specific a	and cannot be prior to	date of filing or mo	ore than 90 days after	onal) filing.) Pursuant to 605.020 date will not be listed a
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record	d.					The 90th day after the

Filing Fee: \$25.00