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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:

TO: Registration S Division of Co					
CUBICZE	QEEP T	RADING, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	JUL	O C MOLINA			
	-117	Name of Person			
		J.C. MOLINA & AS	SOC		
		Firm/Company			
	8260) W. FLAGLER STR	EET STE 2-C		
		Address		 	
		MIAMI, FL. 33144	1		
		City/State and Zip C	ode		
		IO@JCMOLINAASS			
		to be used for future and	nual report notif	ication)	
For further information (concerning this matter, please c	all:			
JULIO C N	AOLINA	786 at ()	797 8700	$C_{\mathcal{C}}^{\bullet}$	a.
Name (of Person	Area Code	Daytime	: Telephone Number	QD
Enclosed is a check for t	he following amount:			: Telephone Number	***
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Copy (additional copy i	y	S60.00 Filing Fee. Certificate of Sinte Certified Copy— tadditional copy is encl	\supset
<u>Mailing Addre</u> Registration			et Address: istration Sec	ction	
Division of C	Corporations	Divi	ision of Corp	porations	
P.O. Box 63. Tallahassee.			Centre of T 5 N. Monroc	allahassee 2 Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QEEP TRAI			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 115000015439	y were filed on $\frac{01/26/2015}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: 8260 W FLAGLER STREET STE 2-C			
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33144		
Enter new mailing address, if applicable:	8260 W FLAGLER STREET STE 2-C		
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33144		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new regis		
	, 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.

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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			□Change
			□Add
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an effective date is listed, the date must b	e specific and	cannot be pric	or to date of fi	ling or more than	90 days after fil	line A Proscess	nt to 605,020
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record specifies a delayed effective c	late, but not	an effective	time, at 12:8)1 a.m. on the e	arlier of: (b)	The 90th d	ay after the
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