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SECRETARY OF STATE
TALLAHASSEE, FLORID

MAY 26 AH 4: 32

J. HARRIS

COVER LETTER

	on of Corpo			
SUBJECT:	UI TREADI	NG INTERNATIONAL LLC	2	
		Name of Limi	ted Liability Company	
The enclosed A	Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return al	II correspond	ence concerning this matter t	to the following:	
		SELINA CHAVEZ		
			Name of Person	
			Firm/Company	<u> </u>
		13503 NW 8TH STREET		
			Address	
		MIAMI, FL 33182		
			City/State and Zip Code	
		SELINAGABY06@YAHO		
		E-mail address: (to	o be used for future annual repo	ort notification)
For further info	rmation con	cerning this matter, please ca	11:	
SELINA CHA	VEZ		786 302-5°	783
	Name of P	erson		Daytime Telephone Number
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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 ARTICLES OF ORGANIZATION OF

SUI TREADING INTERNATIONAL LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp Florida document number L15000068167	pany were filed on APRIL, 20TH ,201	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SIU TRADING INTERNATIONAL LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2015 SEC
Principal office address MUST BE A STREET ADDRESS	<u> </u>	AR T
		ASE 2
		SETO P
Enter new mailing address, if applicable:		
• ••		25 :
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:	****	
New Registered Office Address:		
	Enter Florida street address	
-	, Flor	
	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, 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
MGR	SELINA CHAVEZ	13503 NW 8TH STREET	
		MIAMI FL 33182	☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
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