

L15000071105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

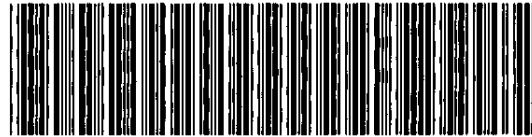
(Document Number)

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17 MAY -1 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 0, 2025
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARG TRADE FL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FEDERICO DE LA RETA

Name of Person

ARG TRADE FL LLC

Firm/Company

4703 S. MILITARY TRAIL

Address

WEST PALM BEACH FL 33415

City/State and Zip Code

elmaosis@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FEDERICO DE LA RETA

561 573-9545

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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**

ARG TRADE FL LLC

(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 04/22/2015 and assigned
Florida document number L15000071105

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4703 S. MILITARY TRAIL

WEST PALM BEACH FL 33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

470 S. MILITARY TRAIL

WEST PALM BEACH FL 33415

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:

THE SWIM LLC

New Registered Office Address:

470 S. MILITARY TRAIL

Enter Florida street address

WEST PALM BEACH

Florida 33415

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>	<u>Address</u>	<u>Type of Action</u>
MGR	THE SWIM LLC	4703 S. MILITARY TRAIL	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FEDERICO DE LA RETA	4703 S. MILITARY TRAIL	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

17 MAY - 1 AM 7:56
SECRETARY OF STATE
TALAMAS SEC. FLORIDA

17 MAY - 11 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 03/31, 2017

FEDERICO DE LA RETA BY: THE SWIM LLC

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