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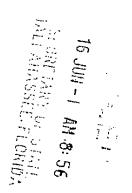
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COVER LETTER

	gistration Sec vision of Corp			ŧ
aven in ar		OUS COMMODITIES LLC.	<i>!</i>	
SUBJECT:	-	Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspon	dence concerning this matter t	to the following:	
		AZIZ I. MUNIR		
			Name of Person	
		NCH PRECIOUS COMMO	ODITIES LLC.	
			Firm/Company	• · · · · · · · · · · · · · · · · · · ·
		201 S. BISCAYNE BLVD	28TH FLOOR	
			Address	
		MIAMI FL 33131		
			City/State and Zip Code	
		CORALGABLES27@GMA		
		E-mail address: (1	to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	
AZIZ I. M	UNIR		786 3769334 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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:

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	I Liability Compa A Florida Limited	nny as it now appear: Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia Florida document number	bility Company 	were filed on AU	IGUST 03, 2015 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	oility company he	<u>re</u> :
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREET	ADDRESS)	·	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE B	-	N/A	100 May 100 Ma
B. If amending the registered agent and/o registered agent and/or the new registered offi	ice address her	<u>:e</u> :	our records, enter the name of the
Name of New Registered Agent:	MUNIR, AZIZ	3 1.	
New Registered Office Address:	201 SOUTH B		EVARD 28TH FLOOR
		Enter Flor	ida street address
	MIAMI		, Florida FL 33131
		City	Zip Code

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.

Munic, Aziz I.

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
AMBR	AZIZ I. MUNIR	201 S. BISCAYNE BLVD	
		28TH, FLOOR, MIAMI FL 33131	Remove
			☐ Change
VP	LINDA K ANDERSON	201 S. BISCAYNE BLVD	
		28TH, FLOOR MIAMI FL 33131	■ Remove
		 	☐ Change
VP	JARIEU M. BAYOH	201 S. BISCAYNE BLVD	Add
		28TH, FLOOR MIAMI FL 33131	■ Remove
			Change
AMBR	CAPITAL BLUE GLOBAL INVE	201 S.BISCAYNE BLVD	≣ Add
		28TH, FLOOR MIAMI FL 33131	□ Remove
			Change
AMBR	CORAL GABLES INTERNATION	201 S. BISCAYNE BLVD	Add
		28TH FLOOR, MIAMI FL 33131	□ Remove
			Change
			🖨 Add
			Remove
			Change

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ective date, if other effective date is listed,	r than the date	of filing:	APRIL 1			(optional)		
e: If the date inserte	ed in this block d	oes not me	et the appl	icable statut	ory filing r	than 90 days equirements	aπer ming.) P , this date wi	ursuant Il not b	e liste
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00