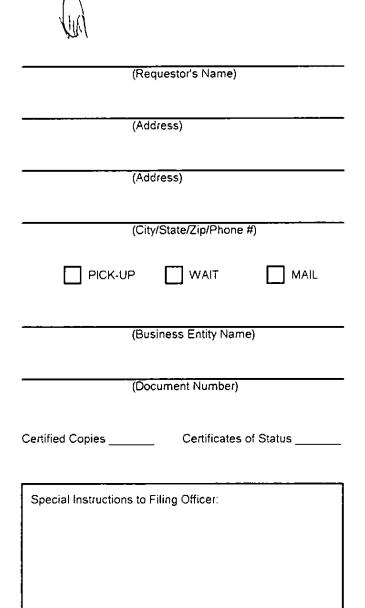
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COVER LETTER

	tegistration _s Se Division of Cor		e* .	v v			
SUBJECT		JXURY TIME LLC					
SUBJECT	I;	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	indence concerning this matter	to the following:				
		Gregory R Fishman					
		Name of Person					
		Gregory R Fishman, P.A.					
		· · · · · · · · · · · · · · · · · · ·	Firm/Company				
		2750 NE 185 Street, Suite	204				
		Address Aventura, FL 33180					
		greg@gr1pa.com	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)						
For further	r information c	oncerning this matter, please ca	all:				
Gregory R	l Fishman		305 792-6945				
	Name o	t Person	Area Code Daytin	ne Telephone Number			
Enclosed i	s a check for th	ne following amount:					
≡ \$25.00	0 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)			
	Tailing Addres Registration S		<u>Street Address:</u> Registration Se	ection			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI LUXURY TIME 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 $\frac{09/18/2015}{1}$ and assigned Florida document number L15000159556 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MLC TRADING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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(H an eH Note:	ve date, if other than the date of filing:
If the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	January 22 . 2024
	Signature of a member authorized representative of a member

Filing Fee: \$25.00