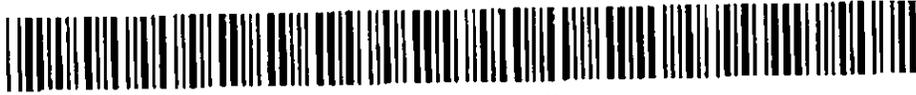


Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**4160003578**

Note: Please print this page and use it as a cover sheet. Type the fax and/or number (shown below) on the top and bottom of all pages of the document.

((H22000101660 3))



H220001016603ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : SERBER & ASSOCIATES, P.A.  
 Account Number : I20000000083  
 Phone : (305)932-6262  
 Fax Number : (305)933-9393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@SERBERLAWFIRM.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL TRADE COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 MAR 18 4:11:19 PM  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

MAR 22 2022

422 000 1066 03

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

INTERNATIONAL TRADE COMPANY, 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 02/22/2016 and assigned  
Florida document number L16 0000 35698.

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 end with 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_, Florida \_\_\_\_\_

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

FILED  
MAR 18 PM 2:59  
STATE OF FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

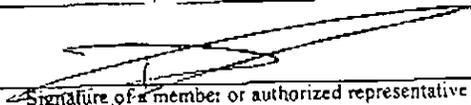
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gonzalo Martin Fernandez	2875 NE 191ST STREET, SUITE 801	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
MGR	OMNIVESTMENT INC.	2875 NE 191ST STREET, SUITE 801	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 10, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Daniel J. Serber  
\_\_\_\_\_  
Typed or printed name of signer