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COVER LETTER

Division of Corp	orations		
SUBJECT:	NIV	A BUSINESS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		EDWIN RIVERA	
		Name of Person	
	•	TRADING GATES, LLC	
		Firm/Company	W-1-1
	9741	S ORANGE BLOSSOM TR STE 2	
		Address	
		ORLANDO, FL 32837	
	······································	City/State and Zip Code	
		VERA@ERIVERACPA.COM	·,
		to be used for future annual report notifica	tion)
For further information co	ncerning this matter, please ca	all:	
EDWIN RIVERA		407 704-8963	
Name of	Person		elephone Number
Enclosed is a check for the	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:

TO:

Registration Section

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

NIVA BUSINESS 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 05/12/2016 and assigned Florida document number L16000094031 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., 4055 MACEACHEN BLVD Enter new principal offices address, if applicable: **APT 82** (Principal office address MUST BE A STREET ADDRESS) SARASOTA, FL 34233 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: $\overline{\mathbf{o}}$ 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

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	DIEGO F VITERI ARAGUNDI	4055 MACEACHEN BLVD	□ Add
		APT 82	☐ Remove
		SARASOTA, FL 34233	■ Change
			Remove
			☐ Change
			Add
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Filing Fee: \$25.00