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## **COVER LETTER**

|                               | BAL TRADING, LLC   |  |  |
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| <u>.</u>                      | Name of Lim  | ited Liability Company   |  |
| losed Articles of             | Amendment and fee(s) are sub   | mitted for filing.   |  |
| eturn all correspo            | ondence concerning this matter   | to the following:  |  |
|                               | SILVIA VILA  |  |  |
|                               |  | Name of Person   |  |
|                               | ELAN BUSINESS SERVI  | ICES CORP  |  |
|                               |  | Firm/Company   |  |
|                               | 1116 CEDAR FALLS DR  |  |  |
|                               | ·  | Address  |  |
|                               | WESTON, FL 33327   |  |  |
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| her information o             | concerning this matter, please c   | all:   |  |
| . VII.A                       |  | 954 2176080  |  |
| Name e                        | of Person  | Area Code Daytim   | e Telephone Number   |
| d is a check for t            | he following amount:   |  |  |
| ,00 Filing Fee                | ☐ \$30.00 Filing Fee &<br>Certificate of Status  | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed)  |
| Registration<br>Division of C | Section<br>Forporations  | Street Address:<br>Registration Sec<br>Division of Cor   | porations  |
|                               | ner information of eturn all correspondence information of the eturn all correspondence of the | Name of Lim  losed Articles of Amendment and fee(s) are substant all correspondence concerning this matter  SILVIA VILA  ELAN BUSINESS SERVI  THE CEDAR FALLS DR  WESTON, FL 33327  SVILA@ELANSERVICE.  E-mail address: their information concerning this matter, please concerning this matter, please concerning this matter.  VILA  Name of Person  d is a check for the following amount:  .00 Filing Fee  Certificate of Status  Mailing Address: Registration Section Division of Corporations | Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  SILVIA VILA  Name of Person  ELAN BUSINESS SERVICES CORP  Firm/Company  1116 CEDAR FALLS DR  Address  WESTON, FL 33327  City/State and Zip Code  SVILA@ELANSERVICE.COM  E-mail address: to be used for future annual report not interinformation concerning this matter, please call:  VII.A  Name of Person  Aira Code  Daytim  d is a check for the following amount:  .00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Registration Section |

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&T GLOBAL TRADING, ELC (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  $\frac{07/13/2016}{1}$ and assigned Florida document number  $\frac{1.16000128373}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MW GLOBAL TRADING J.L.C. 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.

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> | Type of Action |
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| ective date, if other than the da<br>reflective date is listed, the date must be<br>te: If the date inserted in this block<br>ument's effective date on the Depa | does not meet the app     | licable statutory filir  | (option<br>fore than 90 days after f<br>g requirements, this | ial)<br>ling.) Pursuant to 605,020<br>date will not be listed a |
| cord specifies a delayed effective d<br>s filed.   | ate, but not an effective | time, at 12:01 a.m.      | on the earlier of: (b)                                       | The 90th day after the  |
| ed FEBRUARY 19   | 2021                      |                          |  |   |
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Filing Fee: \$25.00