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

(((H200001444563)))



H200001444563ABC-

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 : R&P ACCOUNTING AND TAXES INC

Account Number : 120170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED SEPARATE WAYS LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

THEN IS PHIZE I

Electronic Filing Menu

Corporate Filing Menu

Y SULKEP Help MAY 18 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEPARATE WAYS	LLC.	
(Name of the Limited Liability Compa (A Fiorida Limited L	ny as it now appears on our records liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000155603</u>	were filed on 08/19/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
SOUTH AMERICAN INVESTMENT AND TRADING, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
	·) EC
B. If amending the registered agent and/or registered office a	ddress on our records, enter t	he name of the new registered
agent and/or the new registered office address here:		
		A 5
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	57
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dulles, an provided for in Chapter 605, I	T.S. Or, if this document is
If Chan	ging Registered Agent, Signature of	New Registered Agent

To: Page 4 of 5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{AMBR} = A$	nanager Authorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			[]Change
			CAdd
			□Remove
			□ Change
			□Add
			□Remove
			Change
<u></u>			
			□Remove
			☐ Change
			□Add
			☐ Change
 			□Add
			□Remove

_____ Change

DANIEL R. BARON	Authorized Member	(Attach additional sheets, if necessary.) 50%	
ARTURO MORALES	Authorized Member	50%	-
			-
			-
			•
			-
			•

ive date, if other than the fective date is listed, the date must If the date inserted in this blo tent's effective date on the De	be specific and cannot be prior to da ack does not meet the applicable	(optional) to of filing or more than 90 days after filing.) Pursuant to 605.1 statutory filing requirements, this date will not be lister	0207 d as
d specifies a delayed effective led.	date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after	the
05/01/	2020	b)	
	Signature of a member or auditorized	representative of a member	
	//		