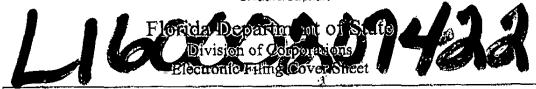
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GILMAN CIOCIA INC.

Account Number : I20120000051

Phone

: (305)937-7773

Fax Number

: (815)301-2897

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NYM TRADES LLC

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## ARTICLES OF AMENDMENT TO TABLE ARTICLES OF ORGANIZATION OF

Ġ.

NYM TRADES LLC		
(Name of the Limited ) is bill to (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L16000207422</u>	mpany were filed on November 06, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	ess)	active =
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
11/2-11/20 2010 12/11 200 77 7 001 01 12/20 20/70		ហ
		: 211
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
<del></del>	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

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
MGR	SIMA AMSALEM	5339 INDIAN RIVER DR #285	■ Add
		LAS VEGAS , NEVADA, 89103	□ Remove
			☐ Change
		D Add	
			□ Remove
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T) If amounting any other tages	
U. It amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	Side was
	ST ST
	.3
E. Effective date, if other than the	e date of filing: January 01, 2017 (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
Note: If the date inserted in this bi	lock does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the D	epartment of State's records.
If the record specifies a delayer	d effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the rec	cord is filed.
March 08	00.7
Dated	2017
	May la V.
	Signature of a member or authorized representative of a member
	NTV EVEN-RAM
	Turned on printed name of the

Page 3 of 3

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