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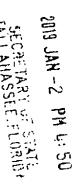
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COVER LETTER

| Division of Co | | | | |
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| | IÇ GLOBAL TRADING LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | 3000年 |
| | f Amendment and fee(s) are sub | | | DIS JAN - 2 PM L: 50 |
| Please return all corresp | condence concerning this matter | to the following: | | |
| | Nelson Sabbagh CPA | | | 000 |
| | | Name of Person | | |
| | Nelson Sabbagh CPA, Inc. | | | |
| | | Firm/Company | | |
| | 1825 Ponce de Leon Blvd | #146 | | |
| | | Address | | |
| | Coral Gables, FL 33134 | | | |
| | lityrosadoj@gmail.com | City/State and Zip Code | | |
| | E-mail address: (| to be used for future annual report notif | ication) | |
| For further information | concerning this matter, please co | ill: | | |
| Nelson Sabbagh CPA | | 786 473-2823 at () | | |
| Name | of Person | Area Code Daytime | Telephone 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**

| | T | AMENDMENT O DRGANIZATION | v. | ್ |
|--|---|---|---|--|
| | | F | | To the state of th |
| (Name of the Limi | red Liability Compa (A Florida Limited l | iny as it now appears on or Liability Company) | ur records.) | 2 |
| The Articles of Organization for this Limited L Florida document number <u>L17000058176</u> | iability Company | were filed on $\frac{03/13/20}{}$ | and assigned | Allo JA - 2 PA 4. 30 |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here; | | |
| The new name most be distinguishable and contain the | ords "Limited Liabi | lity Company," the designat | tion "LLC" or the abbreviation "L.L.C." | _ |
| Enter new principal offices address, if applic | able: | 4030 NW 26th St Bld | lg A | _ |
| (Principal office address MUST BE A STREE | incipal offices address, if applicable: 4030 NW 26th St Bldg A Miami. FL 33142 4030 NW 26th St Bldg A Miami. FL 34142 4030 NW 26th St Bldg A | | | |
| | | | | _ |
| Enter new mailing address, if applicable: | POV | | | _ |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | | records, enter the name of the | new |
| Name of New Registered Agent: | Nelson Sabbag | h CPAa, Inc. | | _ |
| New Registered Office Address: | 1825 Ponce de | Leon Blvd #146 Enter Florida stri | eet address | _ |
| | Miami, | | , Florida <u>33134</u> | |
| | | 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> | Address | Type of Action |
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| Effec | tive date, if other than the date of filing: |
| Note | Effective date is used, the date must be specific and cannot be prior to date of shing of hair dual so days and fining, I distant to obsolve a Effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records. |
| | |
| the re } Th | ecord specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of a 90th day after the record is filed. |
| | d <u>12/20/2018</u> |
| Date | |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00