L17000193246

(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO:	Registration Section Division of Corp.			
21715		RPRISES TRADING LLC		
SUBJ	ECT:	Name of Limit	ed Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please	e return all correspon	dence concerning this matter to	o the following:	
		PIERRE J. TORRES GONZ	ZALEZ	
			Name of Person	
	•	TG ENTERPRISES TRAD	ING LLC	
			Firm/Company	
•		11940 SW 187TH STREET	Γ	
			Address	
•		MIAMI, FL. 33177		
			City/State and Zip Code	
		pierretorresg@gmail.com		
		E-mail address: (to	o be used for future annual report notifi	cation)
For fi	urther information co	ncerning this matter, please ca	11:	
GLO	RIA CONTRERAS		at () 231-7212 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for the	e following amount:		
■ S	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:

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

TG ENTERPRISES TRADING LLC		
(Name of the Limited L (A F	ability Company as it now appears on our recor orida Limited Liability Company)	' <u>ds.</u>)
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L17000093246		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: N/A	
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:	N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	<u> </u>	ds, <u>enter the name of the ne</u>
Name of New Registered Agent:	VA	
New Registered Office Address:		
	Enter Florida street addr	ess
-		Florida
	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
SEC	ELDA M. TORRES GONZALEZ	11940 SW 187TH STREET	Add
		MIAMI, FL. 33177	Remove
			Change
			□ Add
			Remove
			Change
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lffe	ctive date, if other than the date of filing: (optional)	
f an i	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	to 605.020 be listed as
docu	ment's effective date on the Department of State's records.	
e r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the see 90th day after the record is filed.	earlier o
• • •	ne sour day arter the record is med.	
Date	d	
	al ext W/	

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Typed or printed name of signee

Filing Fee: \$25.00