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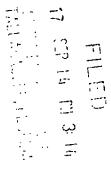
(Requestor's Name)	_
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PICK-UP WAIT	MAIL
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D. SCOTT SEP 1 5 2017

COVER LETTER

TO: Registration Se Division of Cor			
	ERNATIONAL TRADING LL	C	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	ASHRAF AHMED		
		Name of Person	
	 	Address	
	LUTZ, FL 33559		
	AAHMED@NATIONWID		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notified all:	elephone Number
ASHRAF AHMED		813 629-8490	
Name o	d Person		elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

M&K INTERNATIONAL TRADING L	1.C				
(<u>Name of the Limited Lia</u> (A Flo	ability Compa orida Limited I	ny as it now appears on our records.) Jability Company)			
The Articles of Organization for this Limited Liability	ty Company	were filed on AUGUST 03, 2017	and assigned		
Florida document number 1.17000165424	·				
This amendment is submitted to amend the following	ā :				
A. If amending name, enter the new name of the	<u>limited liab</u>	ility company here:			
N/A					
The new name must be distinguishable and contain the words.	Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	:	5202 N 22ND ST.			
(Principal office address MUST BE A STREET ADDR		TAMPA, FL 33610	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5202 N 22ND ST. TAMPA, FL 33610			
	_		بسر		
B. If amending the registered agent and/or registered agent and/or the new registered office a			ter the name of the n		
Name of New Registered Agent: NA	/A		<u> </u>		
New Registered Office Address:		Enter Florida street address			
		2776. 1 10. 100 07 667 660 600	·		
_	·· ·	, Florida	Zip Code		
		CHY	гар слас		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NAIMA ELKHATIB	5202 N 22ND ST, TAMPA FL. 33 6 lo	∃ Add
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Effective date if other than th	e deta of filings			(0	ntional)		
Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the E	lock does not meet the	he applicable	ate of filing or n statutory filin	nore than 90 days a ag requirements,	this date will no	ant to 605 of be list	5.0207 (1 ed as th
the record specifies a delaye) The 90th day after the rec		but not a	n effective	time, at 12:0	1 a.m. on th	e earli	er of:
Dated AUGUST 22	20	17					
1 /		$\overline{\cap}$					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00