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| Special Instructions to Filing Officer: | |
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COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT. | FIRST TRADING GR | OUP USA LLC | |
|--------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | OS | VALDO MARTINEZ | |
| | | Name of Person | |
| | O&J PR | OFESSIONAL SERVICES INC | |
| | | Firm/Company | |
| | 1 | 3550 SW 88 ST STE 150 | |
| | | Address | |
| | | MIAMI FL 33186 | |
| | | City/State and Zip Code | |
| | OSVALD | OEMARTINEZ@AOL.COM | |
| | E-mail address: (| to be used for future annual report no | otification) |
| For further information of | concerning this matter, please c | all: | |
| OSVALDO N | MARTINEZ | 305 446-4006 | |
| Name (| of Person | at () Area Code Dayti | me Telephone Number |
| Enclosed is a check for t | he 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 Addre Registration Division of O P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F | orporations Tallahassee oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | G GROUP USA LL | | |
|------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|--------------------------------|
| (<u>Name of the Limit</u> | ed Liability Compan (A Florida Limited Li | v as it now appears on our record lability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited L Florida document number L17000196118 | iability Company v | were filed on 09/21/2017 | and assigned |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name o | f the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the w | vords "Limited Liabili | ty Company," the designation "LI.C | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | | <u>.</u> |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: | | | EC UN I |
| | DAVI | | |
| (Mailing address MAY BE A POST OFFICE) | <u> </u> | | PH 10:21 |
| B. If amending the registered agent and/or ragent and/or the new registered office addre | ~ | ddress on our records, <u>enter</u> | the name of the new register |
| Name of New Registered Agent: | | OSVALDO MARTINEZ | |
| New Registered Office Address: | | 13550 SW 88 ST STE 150 |) |
| Hagained office / titaledd. | | Enter Florida street addres. | · · |
| | MIAMI | , Flo | orida <u>33186</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, <u>Signature of New Registered Agent</u>

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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| | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| an effectiv ote: If t | date, if other than the date of filing: | ant to 605.0207 of be listed as |
| record sp is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th | day after the |
| ited | JUNE 6. 2024. | |
| | MARIA JOSE RIVERA GONZALE 2 Signature of a member or authorized representative of a member | |
| | MARIA JOSE PIVERA GONZALEZ Typed or printed name of signee | |