Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : 120200000016 Phone : (954)903-4036

: (954)246-0340 Fax Number

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

| Email | Address: | |
|-------|----------|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L & M TRADING LLC

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| Certificate of Status | 0 |
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| Page Count | 01 |
| Estimated Charge | \$25.00 |

C. BRUMBLEY

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Registration Section

TO:

COVER LETTER

| Division of Corp | porations | | | |
|-----------------------------|--|---|--|--|
| SUBJECT. | L & M TRADING LE | LC: | | |
| SUBJECT: | Name of Limit | ed Liability Company | All and a second se | |
| The enclosed Articles of 2 | Amendment and fee(s) are subtr | nitted for filing. | | |
| Please return all correspo- | ndence concerning this matter to | o the following: | | |
| | Molinares Simon | | | |
| | | Name of Person | | |
| | L & M TRADING LLC | | | |
| Finn/Company | | | | |
| 12555 Orange DrSte 265 | | | | |
| | Address | | | |
| | Davie, FL 33330 | | | |
| | | City/State and Zip Code | | |
| | nathaly.cuartas@taxcareinc. | | | |
| | E-mail address: (1 | o be used for future annual report not | neation) | |
| For further information c | oncerning this matter, please ca | ull: | | |
| Nathaly Cuartas | | 954 9034036 at () | | |
| Name o | ť Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| € \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | © \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| L & M TRADIN | | |
|---|---|--------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | oany as it now appears on our records I Liability Company) | <u>.</u> ; |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000241911</u> . | y were filed on 11/27/2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 72C |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) | | TILED 13 AMII: 15 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | - W |
| | Enter Florida street addres | , |
| | | orida |
| | 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.

From: Nathaly Cuartas Fax: 19542460340

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 5 of 6

12/13/2022 12:07 PV

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

| Title | Name | Address | Type of Action |
|-------|--------------|------------------------|----------------|
| AMBR | Moya, Javier | 12555 Orange DrSte 265 | □Add |
| | | Davie, F1, 33330 | |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | CAdd |
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| Note: If the | date inserted in th | the date of filing e must be specific and its block does not m he Department of St | eet the applica | o date of filing or more t ble statutory filing re | (optional) han 90 days after filing.) P quirements, this date wi | ursuunt to 605,020 Il not be listed a |

Typed or printed name of signee

Signature of a member or authorized representative of a member

Simon Molinares