

L17 000248290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

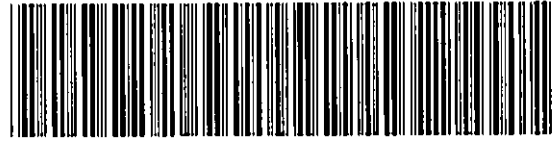
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Afrika Trader, LLC  
1005 N. Krone Ave #117  
Homestead, FL 33030

Office Use Only



000337427010

12/03/19--01:31--000 \*\*25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

19 DEC -2 PM 4:58

FILED

JAN 09 2020

S. YOUNG

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AFRIKATRADER, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/05/2017 and assigned Florida document number L17000248290.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

540 SOUTH PARK RD UNIT 9-26

**(Principal office address MUST BE A STREET ADDRESS)**

HOLLYWOOD, FL 33021

**Enter new mailing address, if applicable:**

1005 N. KROME AVE. STE 117

**(Mailing address MAY BE A POST OFFICE BOX)**

HOMESTEAD FL 33030

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

540 SOUTH PARK RD UNIT 9-26

*Enter Florida street address*

HOLLYWOOD

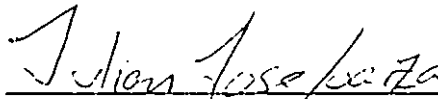
*City*

Florida 33021

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JUAN D VASQUEZ	5830 NW 186TH ST APT 303	<input type="checkbox"/> Add
		HIALEAH FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANA J RODRIGUEZ CARDENAS	5830 NW 186TH ST APT 303	<input type="checkbox"/> Add
		HIALEAH FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIAN J LOAIZA	540 SOUTH PARK RD UNIT 9-26	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HORGE A HOLGUIN	540 SOUTH PARK RD UNIT 9-26	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

