L17000Z48Z90

(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:
Afrikatroder, LLC 1005 N. Krive AVC #117 Homestead, FL 33030

Office Use Only



000337427010

12,753,43--01031--056 **25,00

19 DEC -2 PH 4:58

JAN 0 9 2020 S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFRIKATRADER, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'(ds.)</u>		
The Articles of Organization for this Limited I Florida document number L17000248290	iability Company	were filed on 12/05/2017	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liubi	Tity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		540 SOUTH PARK RD UNIT 9-26 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 agent and/or the new registered office addre		address on our records, <u>ente</u>	r the name of the new regist		
Name of New Registered Agent:					
New Registered Office Address:	540 SOUTH PA	ARK RD UNIT 9-26 Enter Florida street addre	ess &		
	HOLLYWOOI) <u>-</u>	lorida ³³⁰²¹		
		, r	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.

f 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
AMBR	JUAN D VASQUEZ	5830 NW 186TH ST APT 303	□Add
		HIALEAH FL 33015	■Remove
			□ Change
AMBR	ANA J RODRIGUEZ CARDENAS	5830 NW 186TH ST APT 303	□Add
		HIALEAH FL 33015	■Remove
			□Change
AMBR	JULIAN J LOAIZA	540 SOUTH PARK RD UNIT 9-26	□Add
		HOLLYWOOD, FL 33021	□Remove
			≣ Change
AMBR	HORGE A HOLGUIN	540 SOUTH PARK RD UNIT 9-26	□Add
		HOLLYWOOD, FL 33021	□Remove
			= Change
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
			□Change

Page 2 of 3

					
		· · · · · · · · · · · · · · · · · · ·			
					
					<u></u>
	. <u> </u>				
		· · · · · · · · · · · · · · · · · · ·			
	<u></u>				
***************************************			••		
			-		 -
ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be does not meet the ap	prior to date of filin		's after filing.) Pursuant	
e record specifies a delayed ef The 90th day after the record		t not an effect	ive time, at 12	:01 a.m. on the	earlier of
NOVEMBER 21	2019	<u></u> .			
1 de Acian A	- locate				
<u> </u>	cature of a mambar or	authorized correct	ntative of a member		

Page 3 of 3

Filing Fee: \$25.00