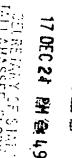
(Requestor's Name)
(Address)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 967666 8170581
AUTHORIZATION : Loud le Man
COST LIMIT : \$ 25.00
ORDER DATE : December 19, 2017
ORDER TIME : 9:38 AM
ORDER NO. : 967666-010
CUSTOMER NO: 8170581
DOMESTIC AMENDMENT FILING  NAME: ZUDERA TRADING LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner EXT#

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZUDERA TRADING LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000254638</u>	ny were filed on 12/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		17 D
(Mailing address MAY BE A POST OFFICE BOX)		S S
B. If amending the registered agent and/or registered		
registered agent and/or the new registered office address h	<u>lere</u> :	<b>6</b>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t whiteness
	Emer r torida sireet	adaress

## 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.

City

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	Susan Nealon	6736 Marbella Ln	
		Naples, FL 34105	■ Remove
			□ Change
			Add
			Remove
			Change
			Add    Add
			FLORRIDA FLORRIDA
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filite: If the date inserted in this block does not meet the applicable statuto cument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be lis	)5.0207 ited as
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earl	ier oʻ
ed		
	entative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00