## 11800000 4/12

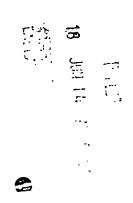
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

DUTCH & AMERICAN TRADING COMPANY, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIEL A. SMITH, EA Name of Person DANIEL A. SMITH, EA Firm/Company 27149 SERRANO WAY Address BONITA SPRINGS, FLORIDA 34135 City/State and Zip Code barbara@hello-sunsusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara Calis-Kroeze 343-2405 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

0- .

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUTCH & AMERICAN TRADING COMPANY, LLC

(Name of the Lim	ited Liability Company (A Florida Limited Lia	s as it now appears on o ability Company)	ur reçords.)	<del></del>
The Articles of Organization for this Limited I Florida document number <u>L18000004112</u>	Liability Company w	ere filed on January	5, 2018	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabili	ty company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designa	tion "LLC" or the above vi	ation "L.L.C."
Enter new principal offices address, if applicable:				~?
(Principal office address MUST BE A STREET ADDRESS)		_		· · ·
				-
				- Tipi
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	(BOX)			
		9		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			records, enter the	name of the ne
	0116 0770 + 0 + 0		·	
New Registered Office Address:	9115 STRADA P	LACE, #5155  Enter Florida str	oot whirese	<del></del>
	NAPLES			
		City	Florida <u></u>	ip Code
New Registered Agent's Signature, if changing	Registered Agent:			•
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete pa istered agent as pro- registered office a	erformance of my d ovided for in Chapt	uties, and I am familer 605, F.S. Or, if th	iar with and is document is

Changing Registered Agent, Signature of New Registered Agent-

0. 3.

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	Gabriel Kroeze	9115 Strada Place, #5155	
		Naptes, Florida 34108	■ Remove
			☐ Remove
			☐ Change
	<del></del>		Add
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	<i>p</i>
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date on the date inserted in this block does not meet the applicable secument's effective date on the Department of State's records.	te of filing or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
nted APRIL 18+ 2018.	Jallo Sus
Signature of a member of authorized	

Page 3 of 3

Filing Fee: \$25.00