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COVER LETTER

	Registration Division of					
CLIDAEA		G UNIVERSAL ELC				
SUBJEC	_1:	Name of Lim	ited Liability Company			
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please re	nurn ali corre	condence concerning this matter to the following:				
		Guillermo Cortes				
		Name of Person				
		TRADENG UNIVERSAL	LLC			
		Firm/Company				
		5361 Nw 79 Av				
		Address Miami, FL, 33166 City/State and Zip Code				
		tradinguniversalcorporation@gmail.com				
			to be used for future annual report noti	neation)		
For furth	er informati [,]	concerning this matter, please co	all:			
Guillermo Cortes			480 3894561			
	Nan	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed	is a check fo	the following amount:				
∃ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (adamonal copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		

MA LING ADDRESS:

Rer ration Section Div. Ion of Corporations P.O. Box 6327

Tall hassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADING UNIVERSAL LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4.18000012525	were filed on 01/14/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	iation "L.L.C."
The Articles of Organization for this Limited Liability Company Florida document number 4.18000012525 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: New Registered Agent and agent and agent and agent agent and agent agent agent and agent agent agent and agent agent agent agent agent as being filed to merely reflect a change in the registered agent as being filed to merely reflect a change in the registered office.	5361 Nw 79 Av	
• •	Miami, FL, 33166	101V
		SION SICE
Enter new mailing address, if applicable:	5361 Nw 79 Av	FILED OF COR
Enter new mailing address, it applicable:	E OLL	
		900
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>enter th</u> <u>e</u> :	name of the new
New Registered Office Address:	Enter Florida street address	
		and assigned To or the abbre lation "L.L.C." SECRETARY OF CORD OF CO
	, Florida	up Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree performance of my duties, and I am fan provided for in Chapter 605, F.S. Or. if	liar with and as sis document is

If Changing Registered Agent, Signature of New Regis red Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from over records:

MGR = A $AMBR = A$	vlanager Authorizi d Member		
<u>Title</u>	<u>Nar 1e</u>	Address	Type of Action
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Effective date if other the	n the date of filing:	(optional)	
If an effective date is listed, the d	te must be specific and cannot be prior to date of files.	(optional) ling or more than 90 days after tiling (Pur) tant to 605.0 ory filing requirements, this date will of be listed	0207 (d as t
document's effective date on	the Department of State's records.	Ty Thing requirements, this once with the better	G W (
ne record specifies a de The 90th day after th	ayed effective date, but not an effe record is filed.	ctive time, at 12:01 a.m. on the earlie	r of:
Dated May 31	2018		
	I carlle Va		
	Signature of a member or authorized repres	autotica of a mambar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00