## 118000019115

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registrat Division					
TRANSWORLD TRADING USA, LLC					
SUBJECT:	<u>.</u>	Name of Limi	ted Liability Compar	у	··
The enclosed Artic	eles of Ar	nendment and fee(s) are sub-	nitted for filing.		
Please return all co	orrespond	ence concerning this matter t	o the following:		
		Marci Lowman, Esq.			
			Name of Perso	n	<del></del>
		Kim & Lowman, LLP			
Firm/Company				,,	
8620 NE 2 Avenue					
			Address		<del></del>
		Miami, Florida 33138			
			City/State and Zip	Code	
		ML@KimandLowman.con	ı		
		E-mail address: (t	o be used for future a	nnual report notification)	
For further informa	ation con	cerning this matter, please ca	H:		
Marci Lowman, Esq.		305	981-4477		
Name of Person		Area Code	Daytime Telepho	one Number	
Enclosed is a check	k for the f	'ollowing amount:			
<b>52</b> \$25.00 Filing F	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Co (additional copy	ру	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Reg Div Clir 266	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSWORLD TRADING USA, 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 1/22/2018 and assigned Florida document number L18000019115 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 "L.L.C." 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: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

## 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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> 444 BRICKELL AVENUE Maribel Moreno de Cirigliano MGR □ Add SUITE 51931 ☐ Remove Miami, FL 33131 ■ Change □ Add □ Remove ☐ Change \_ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

Filing Fee: \$15.08