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COVER LETTER

Division of Corp Transworld SUBJECT: The enclosed Articles of A	Trading USA, LLC				
SUBJECT:	·	Name of Limited Liability Company			
		mendment and fee(s) are submence concerning this matter t			
		Marci Lowman, Esq.			
			Name of Person		
		Kim & Lowman, LLP			
			Firm/Company		
		8620 NE 2 Avenue			
			Address		
		Miami, Florida 33138			
			City/State and Zip Code		
		ML@KIMANDLOWMAN.	COM o be used for future annual report notific	arian)	
For further i	nformation co	neerning this matter, please ca		:anon)	
Marci Lowr	man, Esq.		305 981-4477		
	Name of	Person	at ()	Telephone Number	
Enclosed is	a check for th	e following amount:			
S25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

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 Co. (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number L18000019115	any were filed on <u>1/22/2018</u>	and assigned
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 L	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, on here:	MAY 25 PM 2: I enter the name of
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	City-	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.

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Nakano Investments Corp. (BVI)	444 BRICKELL AVENUE, SUITE	
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fective date, if other than the	date of filing:	(optional)	
an effective date is listed, the date mu	st be specific and cannot be prior to date of fil	ling or more than 90 days after filing.) Pursuant to 6 ory filing requirements, this date will not be li	05.0207
ocument's effective date on the I	repartment of State's records.	ory ming requirements, this date with not be in	Sicu as
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		ctive time, at 12:01 a.m. on the ear	dier of
The 90th day after the rec	ora is filea.		
ated May 8	2018		
ncii	•		
Securos 12	Polurui)		
V 447577VN1 ZIF≥62	Signature of a member or authorized repres		

Page 3 of 3 Filing Fee: \$25.00