L180000 41608

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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
3C TRADE	ELLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	_		
<u>'</u>	_	2		
	CARLOS CARBO			
		Name of Person		
	3C TRADE LLC			
	Firm/Company			
		City/State and Zip Code		
	3CTRADELLC@GMAIL.		9 33	
	E-mail address: (to be used for future annual report notificat	• 1	
For further information c	concerning this matter, please c	all:	ا من المنظم ا المنظم المنظم	
CARLOS CARBO		786 7028689		
Name o	of Person		lephone Number	
Enclosed is a check for the	he following amount:		~ 4 ∫	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration		Street Address: Registration Section	งก	
Division of C		Division of Corner		

Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3C TRADE 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 Compar	ny were filed on 02/15	5/2018	and assigned	
Florida document number L18000041608				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here	3.* -		
The new name must be distinguishable and contain the words "Limited Lia	bility Company, the desi	ignation "LLC" or the abl	previation "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)			<u> </u>	
B. If amending the registered agent and/or registered office				
agent and/or the new registered office address here:	e aguress on our rec	orus, <u>enter the nam</u>	e of the new registere	
Name of New Registered Agent:				
New Registered Office Address:				
Hew Registered Office Address.	Enter Florida street address			
	. Florida Zip Coo			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>			
I hereby accept the appointment as registered agent and ag				
provisions of all statutes relative to the proper and comple	te performance of m	y duties, and I am f	amiliar with and	

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 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
MGR	MIGUEL A MENDEZ	8878 NW 101ST PLA	
		DORAL, FL. 33178	■Remove
			□Change
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CARLOS CARBO			Signature of a	member or author	ized representativ	e of a member		
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