Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GALATAS COMERCIO E EXPORTAÇÃO LEC

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JUN 19 2018

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALATAS COMERCIO E EXPORTA	ACAO LLC				
(Name of the Limited Liability C'e (A Florida Lim	ompany as it now appears on ou- ited Liability Company)	records.)			
The Articles of Organization for this Limited Liability Comp. Elorida document number <u>L18000061594</u>	pany were filed on 03/08/2	018	and as	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
GTM - GROUP TRADING MIAMI LLC					
The new name must be distinguishable and end with the words "Limited	Liability Company," the designar	ion "LLC" or the abb	reviation '	LLC.	
Enter new principal offices address, if applicable:			<u> 21.</u>	2018	
(Principal office address MUST BE A STREET ADDRESS	(2,		<u> </u>	۳	1
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			73.75 23.75	œ	
Enter new mailing address, if applicable:			$\mathbb{T}\subseteq$		
(Mailing address MAY BE A POST OFFICE BOX)	-,		- · · · · · ·		
(maning man as to 47 may 1 may 1 may 1 may 1	**************************************		EE		
			===	<u> </u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office uddress on our shere:	records, <u>enter tl</u>	ie name	of the	. new
Name of New Registered Agent:					
New Registered Office Address:					
New Negligies Office Names.	Enter Florida str	eet address			
		. Florida			
	City		Zip Cod	ie	
New Registered Agent's Signature, if changing Registered A	<u>vecnt:</u>				
Thereby accept the appointment as registered agent on provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my a nt as provided for in Chape	luties, and I am fa ter 605, F.S. Or. i	amiliar v of this de	with año Scument	i,
	If Changing Registered Agent,	Senature of New Re-	eistered 1)	ecni	

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MGR = Manager

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Address Type of Action Title Name 3111 N UNIVERSITY DR STE 105 LEME DA SILVA, ADILSON **AMBR** CORAL SPRINGS, FL 33065 D Remove ☐ Remove D Add _____ D Remove _____ □ Remove _____ □ Add ______ Remove

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D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated JUNE, 12TH 2018
	Signature of a member or althorized representative of a member
	SANDRA M CHEQUIN CANONICO
	Typed or printed name of signee

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