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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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	VADAL TRADING	GROUP, LLC	
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	ARTICLES O	F AMENDMENT	
	- ARTICLES OF	TO FORGANIZATION	
		OF .	
Ň	ADAL TRADING GROUP , LLC		
-	(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records, ted Liability Company)	1
Florida docume This amendmen A. If amendin	Organization for this Limited Liability Compared ant number <u>L18000081261</u> at is submitted to amend the following: g name, <u>enter the new name of the limited la</u> st be distinguishable and contain the words "Limited L	lability company here:	and assigned
	-		
-	ncipal offic <del>es</del> address, if applicable: <u>ee address MUST BE A STREET ADDRESS</u>		
Enter new ma	lling address, if applicable:		
<u>(Mailing addre</u>	<u>ss MAY BE A POST OFFICE BOX)</u>	<u></u>	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		2022 A	
New Registered Office Address:		5.6	H.
	Enter Florida street address	22 - 22 - 22 - 22 - 22 - 22 - 22 - 22	AN
	, Florida	Zip Códe	
New Registered Agent's Signature, if changing Registered Agent:		0: 13	Ċ

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>	Name	Address	Type of Action
AMBR	LOBATO JARRIN, DANIELA	1427 E HILLSBORO BLVD.	
		UNIT 626	Remove
		DEERFIELD BEACH, FL 33441	Change
AMBR	VALERIA, LOBATO JARRIN	1427 E HILLSBORO BLVD.	[]Add
		UNIT 626	BRemove
		DEERFIELD BEACH, FL 33441	□Change
	·		(] Add
			CRemove
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			[]Add
		<u></u>	Remove
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			ORemove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	(antional)
tive date, if other than the date of filing:	(OPTIONAL) E Elling or more then 90 days after filing ) Pursuant to 605

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 19	2022
VICTOR A. LOBA	Signature of a member or authorized representative of a member TO
	Typed or printed name of signee