

LIB 0000 87843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

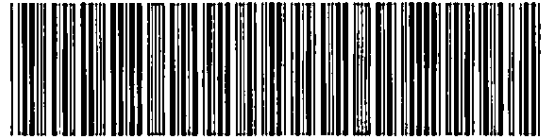
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400349318534

09/08/20--01008--004 \*\*25.00

FILED  
2020 SEP -8 AM 6:31  
FALLAHSSEE, NC

D. BRUCE  
OCT 19 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLOBAL TRADING USA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO C MOLINA  
Name of Person  
J.C. M.OLINA & ASSOC  
Firm/Company  
8260 W. FLAGLER STREET STE 2-C  
Address  
MIAMI, FL. 3314  
City/State and Zip Code  
JULIO@JCMOLINAASSOC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO C MOLINA      786      797 8700  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 SEP -8 AM 6:31

FILED

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GLOBAL 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 04/16/2018 and assigned  
Florida document number L18000087843.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7878 NW 46TH STREET

DORAL, FL. 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7878 NW 46TH STREET

DORAL, FL. 33166

**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*

Florida

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2020 SEP -8 AM 6:31  
SECURITY MANAGER  
TALLAHASSEE, FL

2020 SEP 10 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

2020 SEP -8 AM 6:31  
SECRET//SI//NF  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

7  
F  
- -  
-  
-  
-  
-

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02(7) (3)(b)

Dated SEPTEMBER 1ST

2020

Signature of a member or authorized representative of a member

CARLOS SIEVEKING

Typed or printed name of signee