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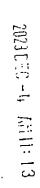
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10 Page 10 Pag

TO:

Registration Section Division of Corporations

. SUBJECT:	GLOBAL T	RADING USA, LLC		
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		JULIO C MOLINA		
		Name of Person		
		JULIO C MOLINA		
		Firm/Company		
		JC MOLINA & ASSOC		
		Address		
	8260 W	FLAGLER STREET STE 2-C		
		City/State and Zip Code		
	MI	AMI, FLORIDA 33144		
	E-mail address: (to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
JULIO C MOLINA		305 559 9070		
Name o	f Person	at ()	ine Telephone Number	
Enclosed is a check for th	ne following amount:			
■ S25.00 Filing Fee	☐ \$30.00 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 Addres Registration S		<u>Street Address:</u> Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee		

Tallahassee, FL 32303

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

		2020 0110	, =4 KAHF 3
GLOBAL TRADIS	· ·		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ral!	
The Articles of Organization for this Limited Liability Company Florida document number L18000087843	y were filed on FLORIDA	04/06/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation	"LLC" or the abbre	viation "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)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	nter the name o	f the new registere
Name of New Registered Agent:			****
New Registered Office Address:			
	Enter Florida street d	nddress	
		_, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>		
I haveby accept the appointment as registered again and an	ena to act in this connecien	I freethan armaa	to aumobi with th

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>	Address	Type of Action
MGR	JAIME URENDA	7206 NW 84 AVE. MIAMI. FL. 33166	\ \exists Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
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Effective date, if other than the da	11/ 27/202 ate of filing:		(optional)	
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior does not meet the appli-	cable statutory filing re	than 90 days after filing.) Pursuant	to 605.0207 (3)(to clisted as the
the record specifies a delayed effective d cord is filed.	ate, but not an effective t	time, at 12:01 a.m. on t	he earlier of: (b) The 90th day	y after the
Dated NOVEMBER 22	, 2023		/\r'	
Sig	gnature of a member or auth	nortzeil representative of a	i member	_
	CARLOS SIEV	VEKING.	•	

Typed or printed name of signee