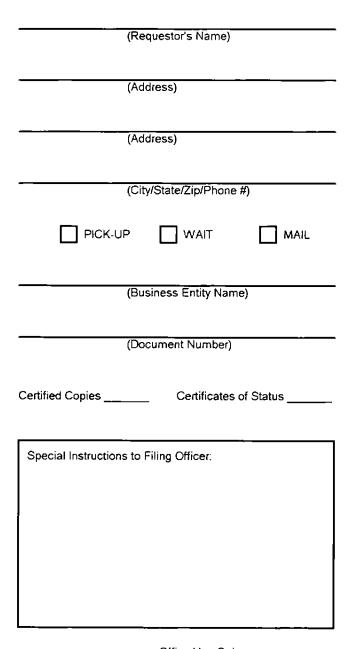
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Office Use Only



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C. GOLDEN

OCT - 4 2020

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	F & D TRADERS ACADEMY LLC					
30D3E	Name of Limited Liability Company					
		Amendment and fee(s) are sub	-			
ricase i	eturn an correspe	ondence concerning this matter	to the following.			
		FRANKLIN R OVALLES				
		"	Name of Person			
		FO BUSINESSES LLC				
			Firm/Company			
		114 NW 25th ST suite Gochotrader				
	Address					
		MIAMI, FL 33127				
		City/State and Zip Code GOCHO@GOCHOTRADER.COM				
			to be used for future annual report notif	fication)		
For furt	her information c	oncerning this matter, please ca	all:			
FRANK	CLIN R OVALLI	ES	786 5783670			
	Name o	f Person		e Telephone Number		
Enclose	d is a check for the	he following amount:				
□ \$ 25	.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 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

F & D TRADERS ACADEMY LLC

2007 10 PH 2: 25

(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 O	Company were filed on	and assigned	
Florida document number L18000129533	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
FO BUSINESSES LLC			
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, g		
New Registered Office Address:			
	Enter Florida street i	address	
	·	Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duti- gent as provided for in Chapter ed office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is	
	If Changing Registered Agent, Signa	ture 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		
	·		□Add		
			□Remove		
			□Change		
			□Remove		
		 	Change		
			□Add		
			Remove		
			Change		
			□Add		
			□Remove		
			□Change		
	-		□Add		
			□Remove		
			□Change		
			□Add		
			Remove		

_____ □Change

	
	
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(If an effective date is line Note: If the date in:	other than the date of filing:
the record specifies a coord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY 28	2020
Dated	
	Athatta ?
	Signature of a member or authorized representative of a member
FRANK	LIN R OVALLES
	Typed or printed name of signee

Filing Fee: \$25.00