Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H)80002103243)))



H180002103243ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

Fax Number : (561)694-1639

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

Email Address:_

60

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RICHVALE TRADING GROUP LLC

> Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help **B FIGUEROA**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E TRADING GROUP LLC	
(Name of the Limited Liability (A Plonda L	Company as it now appears on our racords. Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000172629	empany were filed on July 18, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
BEGONIA		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "LLC."
Enter new principal offices address, if applicable:		aleren.
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		¥ Ci
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY RE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, ress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	City	Dip Coun

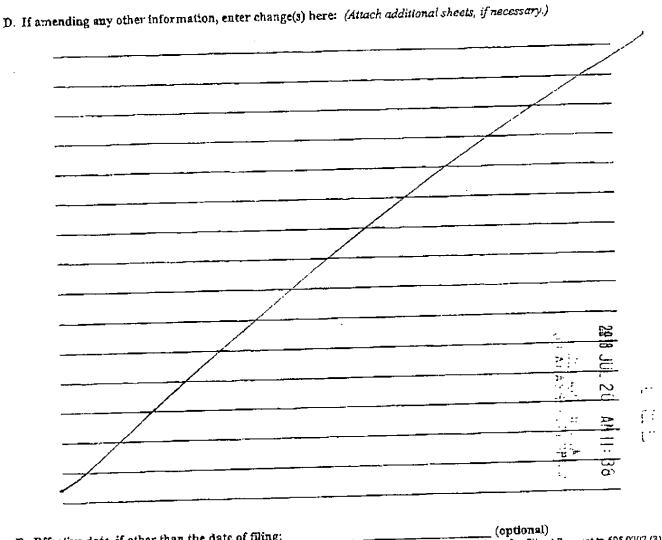
New Registered Agent's Signature, if changing Registered Agent:

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 = M $AMBR = A$	Innager Authorized Member		
Title	Name	Address	Type of Action
			DbA D
			☐ Remove
			Change
			□ ∧dd
			□ Remove
			Change
			☐ Remove
			☐ Cbange
		/	DAdd
			□ Remove
			Change
			☐ Remove
			Change
			DAdd
/			☐ Remove
			Change



E. Effective date, if other than the date of filing:

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 19,	Signature of a filerader of Archarfzed representative of a member	
	CRISTINA RUEDA	
	Typed or printed name of signed	