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## **COVER LETTER**

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: SW	4P TRADING	i LLC	
<u></u>	Name of Limit	ted Liability Company	<del> </del>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	RAY T	7 im m = D m x N	•
		ZIMMERMAN Name of Person	
		Firm/Company	
	1937 BLUE 6	ARE CIRCLE	
	0 /	Address	_
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	CALL FONCE	City/State and Zip Code	
	E-mail address: (to	be used for future annual report not	ification)
For further information con	eerning this matter, please ca		
14A9 V. 200	erson	at ( <u>585</u> ) 710 -	COOOO
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Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
in Justice Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se	ction	Registration So	
Division of Co.	rporations	Division of Co	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWAP TRADING LLC

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on ( Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000237960</u> .	were filed on <u>lo/</u>	15/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
WASHINGTON GLOBAL RESOUR	CES 1.LC	
WASHINGTON GLOBAL RESOURGE The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	n.a.	202
		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
		7 7 7 T
Enter new mailing address, if applicable:	n.a.	₩ <del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)		7 0
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B. If amending the registered agent and/or registered office	address on our recor	ds, enter the name of the new register
agent and/or the new registered office address here:	a.	
·		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrows or all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap address, I hereby co	duties, and I am familiar with and ter 605, F.S. Or, if this document is
If Cha	nging 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:

N-Q.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			□Add
		***************************************	□Remove
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(If an et Note:	tive date, if other than the date of filing:  [Coptional]  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
the reco	rd 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 filed.
Dated	March 30, 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00