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COVER LETTER

	gistration Sec ision of Corp			
SHRIFCT:	ITRADE 4,			
SOBJECT.			ed Liability Company	
The enclose	d Articles of /	Amendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspor	dence concerning this matter t	o the following:	
		HANG NGUYEN		
			Name of Person	
		ITRADE 4, L.L.C.		
			Firm/Company	
		5340 N FEDERAL HWY,	SUITE 110	
			Address	
		LIGHTHOUSE POINT, FI	. 33064	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	11:	
HANG NG	UYEN		561 523-0171	
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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 tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 The transfer of the second of the second

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITRADE 4, L.L.C.		
(Name of the Limi	(ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I. Florida document number L18000261655		/07/2018 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	re:
The new name must be distinguishable and contain the vector new principal offices address, if applie (Principal office address MUST BE A STRE)	cable:	esignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		70
(Mailing address MAY BE A POST OFFICE	<u>. B(X)</u>	SE T
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	VIPIN GUPTA, M.D.	<u> </u>
New Registered Office Address:	5340 N FEDERAL HWY, SUITE	ida street address
		, Florida 33064
	Circ	, Fiorida

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VIPIN GUPTA	5340 N FEDERAL HWY, SUITE 110	
		LIGHTHOUSE POINT, FL 33064	
			Remove
			☐ Change
			Add
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ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Deput	K does not meet the appl	icable statutory filing re	(optional) than 90 days after tiling.) Pursu equirements, this date will n	iant to 605.0207 of be listed as
record specifies a delayed he 90th day after the recor	effective date, but r rd is filed.	ot an effective tim	e, at 12:01 a.m. on th	e earlier of
AUGUST 26TH	2019			
	1014 C	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00