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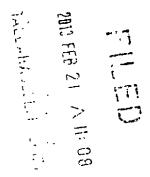
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
Change my SUBJECT:	LLC name by removing 1 from	n current name	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adebola Adegbesan		
		Name of Person	
	TheTradingCompany1 LL	C	2813
	9607 Water Fern Circle	Firm∨Company	288 rm 21
	Clermont, FL 34711	Address	
	adebolaaa@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please co	aH:	
Adebola Adegbesan		973 9813636	
Name o	l Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TheTradingCompany1 LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record: liability Company)	<u>5.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number L18000267566	were filed on 11/20/2018	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:				
The Trading Company LLC					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C.",			
Enter new principal offices address, if applicable:		2 H			
(Principal office address MUST BE A STREET ADDRESS)		2 7			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)	-				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the ne			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Flo	orida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent;					
hereby accept the appointment as registered agent and agre	ee to act in this capacity. I fu	rther agree to comply with t			

If Changing Registered Agent, Signature of New Registered Agent

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 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change T
			O-Add
			□ Add
			□ Remove
			Change
			□ Remove
			
			□ Remove
			Change

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Filing Fee: \$25.00