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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Dc	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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TO: Registration Section Division of Corporations

EXCOMIN TRADING LLC

SUBJECT

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Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diego L. Restrepo, Esq.

Name of Person

Diego L. Restrepo, P.A.

Firm/Company

2600 South Douglas Road, Suite 913

Address

Coral Gables, FL 33134

City/State and Zip Code

diego@restrepolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

 Diego L. Restrepo, Esq.
 305
 447-9430

 Name of Person

 Area Code
 Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

T ARTICLES OF (AMENDMENT O DRGANIZATION DF	FILED 2019 JAN 22 AM 8: 09
EXCOMIN TRADING LLC	any as it not appears on our reco	ALLAHASSEE. FI
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>1.18000291548</u> .	were filed on <u>12/20/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
N/A The new name must be distinguishable and contain the words "Limited Liah	ility Company." the designation "I.	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
	N/A	

	Ciţy	Zip Code
		_, Florida
<u></u> -	Enter Florida street	address
New Registered Office Address:	N/A	
Name of New Registered Agent:	·	

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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

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AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	AURA ANDREA GARCIA GOMEZ	2600 SOUTH DOUGLAS ROAD. SUITE 913	🖬 Add
		CORAL GABLES, FL 33134	
		<u></u>	🛛 Remove
			Change
<u></u>			Add
			Remove
		<u></u>	Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

January 16th Dated	2019	
	Jow his h	
	Signature of a member or a monized representative of a member	<u></u>
Diego L. Restre	po. Esq	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Filing Fee: \$25.00