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(Requ	iestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ıment Number)	<u> </u>
Certified Copies	Certificate	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
cunte		IGHT TRADES, LLC		
SUBJE	CCT:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	return all correspo	indence concerning this matter	to the following:	
		Amelia Sim		
			Name of Person	
		EIGHTY EIGHT TRADE	S. LLC	
			Firm/Company	
1505 Fort Clarke Blvd., Apt #7308				
			Address	
		Gainesville, FL 32606		
			City/State and Zip Code	
		amelia_sim@hotmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	all:	
Amelia	Sim		352 281-8810 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fec	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EIGHTY EIGHT TRADES, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL19000045163	were filed on 02/14/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
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:	<u>\$</u>
(Principal office address MUST BE A STREET ADDRESS)	TEC 19
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	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	KARSONO, BODI I.	1505 Fort Clarke Blvd., Apt #7308	
		Gainesville, FL 32606	
			Remove
			□ Change
VP	KARSONO, JODIE M	1505 Fort Clarke Blvd., Apt #7308	□ Add
		Gainesville, FL 32606	
			Remove
			Change
			Add
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			Remove
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ote: If the date	if other than the is listed, the date must e inserted in this blo ctive date on the De	ock does not mee	t the applicabl	date of filing or more e statutory filing	(option te than 90 days after f requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
	cifies a delayed ay after the reco		e, but not a	an effective tir	me, at 12:01 a.	m. on the earlier o
ited July 17			2019 N			
			Don	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00