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SECRETARY OF STATE
TALL AHASSEE

## **COVER LETTER**

Div	ision of Corp	porations					
SUBJECT:		al Trading & General Mecha	andise LLC				
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
	·	Michael Ragoonath					
			Name of Person	<del></del>			
		Michael Ragoonath & As	ssociates Inc				
			Firm/Company				
		200 Knuth Rd Suite 208	-В				
			Address				
		Boynton Beach, FL 33436					
		mragoonath@aol.com		, <u>.</u>			
		E-mail address: (	to be used for future annual report no	tilication)			
For further in	nformation co	oncerning this matter, please ca	all:				
Michael Ra	igoonath		561 737-6801				
	Name of	Person	at () Area Code Daytii	ne Telephone Number			
Enclosed is a	a check for th	e following amount:					
■ \$25.00 E	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)			
	iling Address gistration S		Street Address: Registration S	ection			

Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Trading & General Marchandise LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L19000057991 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_

## 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.

Citv

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
MGR	Raphel S. Mohammed	4220 Pinehallow Circle, Greenacres FL 33463	3 ≣Add
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Effective date, if other than It an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific a s block does not	ind cannot be price to the price of the price of the price of the apple of the price of the pric	or to date of filing icable statutory	or more than 90 day	(optional) is after filing.) Purso ts, this date will n	uant to 60 ot be lis	5.0207 (3 ted as th
ne record specifies a delayed effe ard is filed.	ective date, but n	ot an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90th	a day afti	er the
Dated	4.111/18	1920 F do					
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Filing Fee: \$25.00