## L19000085844

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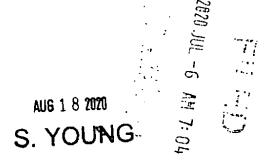


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## **COVER LETTER**

TO:

TO:	Registration Secti Division of Corpo				
SUBJE	ct. [N	M TRADIN	G LLC		
SUBJE	.C1;		ted Liability Compa	ny	
The end	closed Articles of Ar	nendment and fec(s) are sub-	mitted for filing.		
Please 1	return all correspond	lence concerning this matter	to the following:		
		ANN	ET!E  Name of Pers	DIAZ	
		127	TRA-OI	NG UC	<u>,                                     </u>
			Firm/Compa	ny	
		8362	PINES	BLVD	<del>+176</del>
			City/State and Zip	Code	
		info @ :	to be used for future	Code  - Collection	ation)
For fur	ther information con	cerning this matter, please ca	all:		
	Annette Name of F	Díaz	at (	4) 947 Daytime	- 8999 Felephone Number
	, value or .	C. So. I		•	•
Enclos	ed is a check for the	following amount:			•
□ <b>\$</b> 2	5.00 Filing Fee	(12 \$30.00 Filing Fee & Certificate of Status	S55,00 Filir Certified C (additional co		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se		_	reet Address: egistration Sect	ion
	Division of Co		D	ivision of Corp	orations
	P.O. Box 6327			he Centre of Ta	llahassee Street, Suite 810
	Tallahassee, Fl	L 32314	2.	SOULOIN WE CLA	Succi, Suite 610

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTI TRADI.	NG LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
(Name of the Limited Liability Company (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company  Florida document number 4900085844  This amendment is submitted to amend the following:	were filed on $03/28/2019$ and assigned $\frac{1}{2}$
This amendment is submitted to amend the following:	4
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	8362 PINES BLVO #176 PEMBROKE PINES R 33024
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	8362 PINES BWO +176 PEMBLOKE PINES FL 33024
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 8362	PINES BLVD # 176  Enter Florida street address
PEMBI	PINES BLVD # 176  Enter Florida street address  OFF PINES, Florida  Zip Code
	City Zip Code

## 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 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	MURILLO, LUIS H.	9351 NW 10 ST	□Add
		PEMBLOKE PAUES FL 33024	≰Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
<del></del>			🗆 Add
			□Remove
			Change
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