Florida Department of State Division of C

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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

From:

: GILMAN CIOCIA INC. Account Name

Account Number : I20120000051 : (305)937-7773 Phone : (815)301-2397

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

M.I. TRADING COMPANY LLC

| Certificate of Status | 0 |
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SEP 23 2022 , Soumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| M.I. TRADING O | COMPANY LLC | | |
|--|--|--|--|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | | |
| The Articles of Organization for this Limited Liability Comp | pany were filed onand assigned | | |
| 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: | 4965 SW 33rd AVE | | |
| (Principal office address MUST BE A STREET ADDRES. | FORT LAUDERDALE FL 33312 | | |
| Enter new mailing address, if applicable: | 4965 SW 33rd AVE | | |
| (Mailing address MAY BE A POST OFFICE BOX) | FORT LAUDERDALE FL 33312 | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: | Fice address on our records, enter the name of the new registered | | |
| New Registered Office Address: 4965 SW | 33rd AVE | | |
| | Enter Florida street address | | |
| FORT LA | , Florida | | |
| | City Zip Code | | |
| New Registered Agent's Signature, if changing Registered As | gent: | | |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|--------------------|-------------------------|----------------|
| AMBR | MICHAEL ISRAELI | 4965 SW 33rd AVE | □Add |
| | | FORT LAUDERDLE FL 33312 | 75 |
| | | | ■ Change |
| AMBR | AMBR SHANI JSRAELI | 4965 SW 33rd AVE | |
| | | FORT LAUDERDLE FL 33312 | Remove |
| | | | |
| | | □ Add | |
| | | | □Remove |
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| Jf amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effective Note: I | e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| ne re cord ord is file | 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 |
| Dated _ | September 21 2022 |
| | Signature of a member or authorized tepsesentative of a member |
| | |
| | MICHAEL ISRAELI Typed or printed name of signee |

. .

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