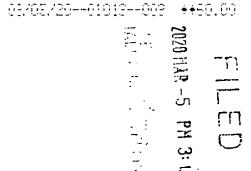
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COVER LETTER

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SUBJECT:	LDORA	DO MONEY EXCHANGE LI	.C		
SOBJECT: _		Name of Li	mited Liability Company		
The enclosed A	articles of	f Amendment and fee(s) are su	binitted for filing.		
Please return al	l corresp	ondence concerning this matte	r to the following:		
		JON D BLAKESBERG			
			Name of Person	·	
		BLAKESBERG & COM	'ANY CPA'S	rerson pany S Zip Code	
			Firm/Company		
		951 SW 4TH AVE			
			Address		
		BOCA RATON, FL 3343	2-5803		
		1	City/State and Zip Code		
		MARIA@BLAKESBERG	CPAS.COM		
		E-mail address:	to be used for future annual report notifi	ication)	
For further infor	mation c	oncerning this matter, please c	all:		
MARIA SMILE	EΥ		561 750-8300 at ()		
Name of Person		f Person		Telephone Number	
Enclosed is a che	eck for th	ne following amount:			
□ \$25.00 Filin	g 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)	
Regist	Address	Section	Street Address: Registration Sect		
	on of Co ox 632	orporations	Division of Corp		
		7 L 32314	The Centre of Ta 2415 N. Monroe		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELDORADO MONEY EXCHANGE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 18, 2019 and assigned Florida document number ____L19000160487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AJ INTERNATIONAL TRADING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	Address	Type of Action
			□Add
			□Remove
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n effective date is listed, the date must be the late inserted in this block cument's effective date on the Department's effective date on the Department's effective date.	se specific and cannot be pri k does not meet the appl	ior to date of filing or mo licable statutory filing	re than 90 days after filing.	Pursuant to 605.020 will not be listed a
ecord specifies a delayed effective is filed.	late, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) The	2 90th day after the
FEBRUARY 27	2020			
4	·	·		

Filing Fee: \$25.00