

(Re	equestor's Name)	_	
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(Cit	y/State/Zip/Phone) #)	
PICK-UP	☐ WAIT	MAIL	
. (Bu	siness Entity Nan	ne)	
(Do	cument Number)		
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COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

	oal Trading LLC					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Eliezer LaSalle					
	Taino Global Trading LLC	Name of Person				
	6332 Raleigh Street unit 9	Firm/Company				
	Address Orlando, Fl. 32835					
	tainoglobal@gmail.com	City/State and Zip Code	——————————————————————————————————————			
Las Cathas information o	E-mail address: (concerning this matter, please co	to be used for future annual report not	ification)			
Eliczer LaSaile	concerning this matter, please co	407 902-4096				
Name o	of Person		ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	S30.00 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)			
	ING ADDRESS:	STREET/COUR Registration Section				

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taino Global Trading LLC

2019 007 21 PM 7: 26

(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 9/03/19	and assigned
Florida document number L19000223089	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or reg registered agent and/or the new registered office ad		rds, enter the name of the i
- Carlotte and Car		
Name of New Registered Agent:		
New Registered Office Address:		
THE TREE METER STITLE FROM EAST	Enter Florida street ada	tress
		Florida
	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 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>	Name	Address	Type of Action
MGR	Eliezer LaSalle	6332 Raleigh Street unit 914 Orlando, FL 32835	Add
			Remove
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Effective date, if of the state is lined to the state in the date in document's effective.	sted, the date must serted in this blo	t be specific and ock does not n	I cannot be pr nect the app	licable statu		than 90 days a		
ne record specifi The 90th day				not an eff	ective tim	e, at 12:0	1 a.m. on t	he earlier of:
October 17			2019	··				
	7		<u> </u>	_				
(Signature of a	member or au	thorized repr	esentative of	ı meinber		

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Page 3 of 3

Filing Fee: \$25.00