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COVER LETTER

TO:	Registration Se Division of Cor			
CIIR I	ECT:	SJIP TRAD	DING LLC	
3003	EC1:	Name of Lim	ited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			FELIPE SABLON	
			Name of Person	
			Firm/Company	
			13480 SW 82ND AVE	
			Address	
			PINECREST, FL. 33156	
		EJSABLON@GMAIL.CO	City/State and Zip Code 0M	
		E-mail address: (to be used for future annual report no	otification)
For fu	rther information c	oncerning this matter, please c	aH:	
	FELIP	PE SABLON	at (<u>713</u>) <u>7</u> Area Code Dayti	75-2027
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations Clifton Building Registration Section Division of Corporations P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SJIPTRADING LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v	were filed on SEPTEMBER 12, 2019 and assigned
Florida document <u>number 1.19000230863</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u> 13480 HOLDINGS LLC	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	320
	·
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
egistered agent and/or the new registered office address here	•
Name of New Registered Agent:	
N D 1 108 AH	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		·-	
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Typed or printed name of signee

Filing Fee: \$25.00