L19000272760

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(Requestor's Name)	
(Address)	_
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PICK-UP WAIT MAIL	
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(Document Number)	_
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JAN 0 6 2020 S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

	on Section f Corporations		
OF UP ADDOOR	TEADING CO, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sul	omitted for filing.	
Please return all cor	теspondence concerning this matter	to the following:	
	JULIAN MAZILI		
		Name of Person	
	MBA TRADING CO, LL	C	
		Firm/Company	
	3001 N ROCKY POINT I	Or, SUITE 200	
		Address	
	TAMPA, FL 33607		
		City/State and Zip Code	
	JMAZILI@MBATRADIN	GCO.COM to be used for future annual report notifical	ion)
For further informat	tion concerning this matter, please of	•	
JULIAN MAZILI		813 299-7045 at ()	
N	ame of Person		lephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee 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)
Mailing A		Street Address:	
	ion Section of Corporations	Registration Section Division of Corporation	
P.O. Box		The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBA TRADING CO, LLC		∠ yn
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our records. rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 10/31/2019	and assigned
Florida document number L19000272760	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		ne name of the new registe
gent and/or the new registered office address here	2:	
N. CN. D. L. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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	RACHID ALAOUI	5808 PINEY LANE DR, TAMPA, FL 33625	
			■ Remove
			□Change
			∠ □Add
			□Remove
			□Change
 			□Add
			□Remove
			□Change
<u>_</u>	/	/	□Add
			□Remove
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			□ Change

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n ciii ote:	ive date, if other than the date of filing: 11/21/2019 (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ted	Signature of a member or authorized representative of a member
	Signature of a frambus or authorized consequentative of a morphor
	Signature of a flictified of authorized representative of a flictified