## L19000286112

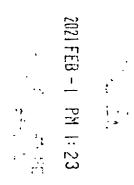
(Requestor's Name)				
(Address)				
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
IMPEX TR	ADING, LLC	•	,		
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALEXANDER D. RUSSE	LL			
		Name of Person			
	IMPEX TRADING, LLC				
		Firm Company			
	8424 DEL LAGO CIR #10	) i			
		Address			
	TAMPA, FL 33614	•			
		City/State and Zip Code			
	ALEXDRUSSELL@GMA	IL.COM			
	E-mail address: (	to be used for future annual report notif	ication)		
For further information e	concerning this matter, please c	all:			
ALEXANDER RUSSEL	-l <sub>-</sub>	813 4923416 at ( )			
Name o	of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 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)		
Mailing Address Registration 5		, <u>Street Address:</u> Registration Sec	ction		
Division of C	•	Division of Corp			
P.O. Box 632 Tallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
		Tallahassee, FL			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPEX TRADING, LLC	2021 FEB - 1 PM 1: 23	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000286112</u> .	were filed on 11/18/2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8424 DEL LAGO CIR #101	
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33614	
	<u> </u>	
Enter new mailing address, if applicable:	8424 DEL LAGO CIR #101	
Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33614	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registers	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r fortaa street aaaress	

## 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.

City

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>	<u>Name</u>	Address 2021 FEB - 1 PH 1:23	Type of Action
AMBR	AMER SWAB	8426 FENWICK AVE, TAMPA, FL 33647	□Add
		(4	···
		-	Remove
			□ Change
AMBR	ANDREW P. RUSSELL	13819 TORTUGA POINT DR.	<b>≡</b> Add
		JACKSONVILLE, FL. 32225	□Remove
			□Change
			□Add
		<del></del>	⊟Remove
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Note: If the date inserted in t	the date of filing:
ord is filed.	Sective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JANUARY, 27TH	Mex 1 yesse N
	Signature of a member or authorized representative of a member
ALEXANDER D.	RUSSELL
-	Typed or printed name of signee