## h20000000894

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
CHID IF CT.	2020 TRADING LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Articles	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	MICHAEL MORRISON	
	Name of Person	
	2020 TRADING LLC	
	Firm/Company	
	24 PRINCEWOOD LN.	
	Address	
	PALM BEACH GARDENS, FL 33410  City/State and Zip Code	
	City/State and Zip Code	
	triple 2 mike @ /ahoo.com  E-mail address: (to be used for future annual report notification)	
For further information con	cerning this matter, please call:	
MICHAEL M	at (	
Name of F	πson Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Scrifficate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Se	<del>-</del>	
Division of Cor P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FI	32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 TRADING 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 $\frac{12/18/2019}{L2000000894}$ .	ал	nd assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
DERIVATIVE EXCHANGE ENGINEERING	, LL	Ċ	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviati	on "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	_		<del>,</del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u>_</u>		
B. If amending the registered agent and/or registered office address on our records, <u>enter the na</u> agent and/or the new registered office address here:	me of th	е леж Э	registered
Name of New Registered Agent:	; 		
New Registered Office Address:  Enter Florida street address	<u> </u>	EC 21	·
, Florida	Y OF	AH	<u> </u>
City	- Sip	Code	5
New Registered Agent's Signature, if changing Registered Agent:	جند '-		

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 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
			DAdd
			□Remove
			□Change
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			☐ Remove
	<u> </u>		□Add
			□ Change
			Remove
		-	
			□Remove

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	12:01 A.H.
- Ar	1112
Ifane <u>Note:</u>	tive date, if other than the date of filing:
ie reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	M
	Signature of a member or authorized representative of a member
	MICHAEL HORRISON
	1917 PIDE T PILOT 1 PILOT 1 STALL

Filing Fee: \$25.00