L2000003000S

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Consideration to Filip Office			
Special Instructions to Filing Officer:			





100420933761

01/10/24--01033--010 +*35.00





January 30, 2024

JORGE E CHOPERENA RODRIGUEZ 17970 NE 31ST CT UNIT 4120 AVENTURA, FL 33160

SUBJECT: C & F TRADE CONSULTANTS LLC

Ref. Number: L20000030008

We have received your document for C & F TRADE CONSULTANTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 024A00001971

(R) A

www.sunbiz.org

COVER LETTER

Division of Corporations				
SUBJECT: (SF TRAD	E CONSULTANTS LLC			
Name	of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
r lease return an correspondence concerning this r	natter to the following.			
JOYGE E	Name of Person			
USF the	ADE CONSULTANTS LC Firm/Company			
17970 NE	31STCT UNIT 4120			
_				
AVENTUR	City/State and Zip Code			
1000	City/State and Zip Code			
Jecro W	CFTRADE CONSULTANTS. COM dress: (to be used for future annual report notification)			
For further information concerning this matter, pl				
A	0 2000 - 1			
JORGE E CHOPERINA	at (<u>786</u>) 8989576 Area Code Daytime Telephone Number			
Name of Person	Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:				
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Sta				
Mailing Address:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRF TRADE CONSULTAN (Name of the Limited Liability Company 1A Florida Limited Liab	ts Ilc	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) hility Company)	-
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2000030008</u>	ere filed on JAN 23, 2020 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	NIA	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
_		3
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>enter the name of the </u>	new registered
Name of New Registered Agent:	A (N	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	de .
	City Zip Co	de

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 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	Type of Action
AMR	Iris P. CHOPELENA	930 10st ste 7	□Add
	120chiquez	MLAMI BEACH, FL 33135	Kemove
	\wedge	21.)	□Change
AMR Ruby D. CHOPERENA RODRIZUEZ	RODRIZUEZ	930 10st Ste 7	□Add
		MIAMI BEACH FL 3313	<u> </u> ★ Remove
		US	□Change
			□Add
			□Remove
			□Change ¬
			□Add
			Remove
			□Change
	<u>. </u>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00