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(Re	questor's Name)	
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C. GOLDEN NOV 1 3 2020

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: LEJ	6 lo bal Tr	ade and Exclined Liability Company	nangellc
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jorga	2 Jimenoz Name of Person	
	LEJ Glo	bhal Trade a	nd Exchangellc
	5021 NE	Address	
	Lightho DSTI E-mail address: (1	USE DOINT F City:State and Zip Code DOULIVE - CO to be used for future annual report not	FL 33064
For further information c	oncerning this matter, please ca	a1 (786 66	7 - 28 70.  ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EJ Global Trade and Exchange LC.

(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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code  New Registered Agent's Signature, if changing Registered Agent:
and the state of t

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

Title	Name	Address	Type of Action
P	Luiz Capuci C. JR.	11285 Sw. Vanderbilt Ci	<u>ſ</u> □Add
	·	Port St. Lucie	
		FL. 34987.	
<u>vp</u>	Emerson Pines S	9700 Casa Linda ca	 □ Add
		Fort myers	
		FL 33919	□Change
	Johanna Jimenez	5021 NE 27th AUTINE	🗆 Add
		Lighthouse point	CRemove
		FL 33064.	□Change
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			□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing: O9 15 200. (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.
he recor ord is fi	d 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 led.
Dated	
	Signature of a/member or authorized representative of a member  (1) Proped or printed name of signee

Filing Fee: \$25.00