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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

AUG 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RON & MILO TRADING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SURELY MOLINA

Name of Person

GLOBAL ACCOUNTING 7 TAX PROFESSIONAL CORP

Firm/Company

7500 NW 25 ST SUITE 246

Address

MIAMI, FL 33122

City/State and Zip Code

SMOLINA@USA-CONTABILIDAD.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SURELY

305

6405951

at ( )

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 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RON & MILO 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 06/01/2020 and assigned  
Florida document number L20000148750.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RON & MILO TRADING LLC

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)**

3510 NW 115 AVE

DORAL, FL 33178

**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

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ESTEBAN M MAMONE	7500 NW 25 ST SUITE 246	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JONATHAN TRAJTEMBROIT	7500 NW 25 ST SUITE 246	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN TRAJTEMBROIT	7500 NW 25 ST SUITE 246	<input type="checkbox"/> Add
		MIAMI, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
MIAMI, FL

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SECRETARY OF STATE  
MAIL ASSISTANT, FL

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2020 AUG 19 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

(If an effective 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 (3)(b)

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.

Dated AUGUST 8 2020

Signature of a member or authorized representative of a member

JONATHAN TRAJTEMBROIT

Typed or printed name of signee