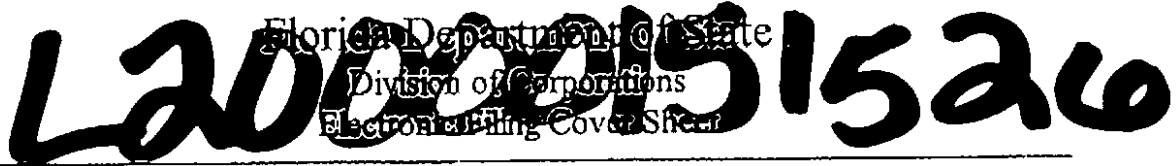


6/11/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000177654 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LOLA HOLDINGS CORPORATION
Account Number : I20090000034
Phone : (954)782-3610
Fax Number : (954)366-3239

2020 JUN 11 AM 11:54

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2020 JUN 11 PM 3:54

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNITED GLOBAL SUPPLY SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUN 12 2020

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Help

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

(((H20000177654 3)))

2020 JUN 11 AM 11:54

UNITED GLOBAL SUPPLY SOLUTIONS 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 06/03/2020 and assigned
Florida document number L20000151526

This amendment is submitted to amend the following:

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

UNITED TRADE GLOBAL SUPPLY SOLUTIONS 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)

2598 E SUNRISE BLVD

STE 2104

FT LAUDERDALE, FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2598 E SUNRISE BLVD

STE 2104

FT LAUDERDALE, FL 33304

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: ELEVLI, OZGUR

New Registered Office Address: 2598 E SUNRISE BLVD

Enter Florida street address

FT LAUDERDALE, Florida 33304

City

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:

((H20000177654.3)))

MGR = Manager

AMBR = Authorized Member

2020 JUN 11 AM 11:54

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	OZGUR ELEVLI	2598 E SUNRISE BLVD	<input type="checkbox"/> Add
		STE 2104	<input type="checkbox"/> Remove
		FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change
MBR	MUSTAFA KAYA	2598 E SUNRISE BLVD	<input type="checkbox"/> Add
		STE 2104	<input type="checkbox"/> Remove
		PT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change
MBR	YUSUF KILICARSLAN	2598 E SUNRISE BLVD	<input type="checkbox"/> Add
		STE 2104	<input type="checkbox"/> Remove
		FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 JUN 11 AM 11:54

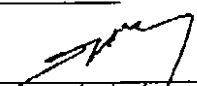
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

Dated June 11th, 2020



Signature of a member or authorized representative of a member

AMBR

ELEVLI, OZGUR

Typed or printed name of signee