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COVER LETTER

TO: Registration Section

Division of Cor	porations				
	TRADING GO LLC	4	•		
SUBJECT:	Name of Lin	ited Liability Company	····		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BENJAMIN BERTHET				
		Name of Person			
	CARSON TRADING GO	LLC			
	···	Firm/Company			
	780 NE 69TH STREET				
		Address			
	MIAMI, FL, 33138				
	1.1. 1. (20)	City/State and Zip Code			
	b.berthet@2bc.us E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
BENJAMIN BERTHET		941 7269984			
Name o	f Person	at () Area Code Daytii	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARSON TRADING GO LLC	CT CT P.1 5:4	8
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 06/11/2020	and assigned
Florida document number 1,20000161816	e.	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Sign Community	Type of Action
AMBR	CAPORICCI DOMENICO	780 NE 69TH STREET UNIT 1810	= Add
		MIAMI, FL, 33138	□Remove
			□Change
			□ Add
			🗖 Remove
			□Change
			□Add
			Remove
			□Change
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ffective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this block ocument's effective date on the Department.	does not meet the app	licable statutory filing	(0) re than 90 days requirements.	ptional) after filing.) Pursuant to this date will not be	605.0207 (listed as tl
record specifies a delayed effective d lis filed.	ate, but not an effective	e time, at 12:01 a.m. or	the carlier o	f: (b) The 90th day a	ifter the
OCTOBER 15TH	2020				
			t'a member		

Typed or printed name of signee