120000167916

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(Ad	dress)	
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COVER LETTER

Registration Section

Э:

Division of Co	rporations		
	NS TREND, LLC.		
UBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	SURESH P. GOPI		
		Name of Person	
		Firm/Company	
	8620 124TH WAY NORTH		2021
		Address	
	SEMINOLE, FLORIDA 33'	772	2021 JAN 12 PH 2: 05
		City/State and Zip Code	
	SUSH078@GMAIL.COM		
	E-mail address: (to	be used for future annual report not	ification) (1)
For further information	concerning this matter, please cal	1:	
DAVID G. DRESLIN		727 393-7439	
Name	of Person		ne 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 Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000167916</u> .	were filed on <u>06-17-2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
CONTINENTAL TRADELINK, LLC.		~>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbrevation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7
		PH 2:1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
	ព	lorida
	City , F	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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

AGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MIŁI M. XAVIER	8620 124TH WAY NORTH	ddd
		SEMINOLE, FLORIDA 33772	□Remove
			□Add
			Remove
			2 PAdd 2: Remove
			E cu
			□Add
		□Remove	
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Tective date, if other than the date of filing: neffective date is listed, the date must be specific and cannot be propertie: If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	olicable statutory	g or more than 90 o y filing requirem	_ (optional) lays after filing.) I ents, this date w	Pursuant (ill not b	to 605.02 e listed :
ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12:01	a.m. on the earli	er of: (b) The	90th day	y after th
JANUARY II . 2021	·				
$A \cdot \omega$					
Surs.					

Filing Fee: \$25.00