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COVER LETTER

TO:

TO: Registration Se Division of Cor		^	
		GON TRADE LLĊ	
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	A	RMANDO GONZALEZ	
	<u></u>	Name of Person	
		ARAGON TRADE	
		Firm/Company	
	3373 SOU	THWEST 40TH STREET	
		Address	
	WEST PA	ARK, FLORIDA 33023	
		City/State and Zip Code	
		NTRADER@GMAIL.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
ARMANDO GONZALI	EZ	954 826-7007	
Name o	of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 633 Tallahassee.		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARAG	GON TRADE LLC.	-	-E 61 9: 29
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on o nited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Complete Horida document number L20000246560.	pany were filed on AUGUS	T 12, 2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
N/A			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			, <u>1</u>
Principal office address MUST BE A STREET ADDRES.	'S}		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our record	is, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Florida str	eet address	
	that Horace Si	eet tran ead	
 -	City	, Florida	Zip Code
	cuk		zagr Cirae

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 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	Type of Action
MGR	ARMANDO GONZALEZ	3773 SW 40TH ST. WEST PARK FL 33023	= Add
			□Remove
			□Change
	• • • • • • • • • • • • • • • • • • • •		□Add
			□Remove
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fective	date, if other than the date of filing:(optional)	
<u>ite:</u> If i	ive 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	.0207 e ed as 1
cument	t's effective date on the Department of State's records.	
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ecord sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	
is filed.		
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Filing Fee: \$25.00

Typed or printed name of signee