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COVER LETTER

	ration Se on of Cor	porations	•	
TI SUBJECT:	he Trading	Firm, LLC	•	
		Pirm, LLC Name of Lim	ited Liability Company	
The enclosed A	rticles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Dmitriy Polyakov		
			Name of Person	
		The Trading Firm, LLC		
			Firm/Company	
		7703 NW 17 CT		
			Address	 -
		Pembroke Pines, FL 33024		
			City/State and Zip Code	
r		dpolyakov@gmail.com	to be used for future annual report notif	<u> </u>
For further info	imation c	n-mail address; poncerning this matter, please co	•	rication)
Dmitriy Polyak	ov.		305 586-7923 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a cf	neck for th	e following amount:		
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	(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 CORRESPONDENTS | 13 Ft. 6:35

The Trading Firm, 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 ^{08/24/2020} Florida document number _L20000261916 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 ___. Florida ___

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	il 6: 3 Type of Action
MGR	WHITE BEAR HOLDING INC	7703 NW 17 CT	
		PEMBROKE PINES, FL 33024	■Remove
			□ Change
MGR	Dmitriy Polyakov	7703 NW 17 CT	
		PEMBROKE PINES, FL 33024	□Remove
			☐ Change
MGR	Sandra Salinas	7703 NW 17 CT	= Add
		PEMBROKE PINES, FL 33024	□Remove
			□Add
		•	□ Remove
			□ Change
			□ Add
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Dated	d is filed.		
Dated	October 9	2020	
	Name of the Company o		
Signature of a member or authorized representative of a member	Dated		
	Dated	allen -	

Filing Fee: \$25.00