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.

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Doing so will generate another cover sheet.

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	Fax Number	: (850)617-6383				
From:						
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Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

## **COVER LETTER**

Division of Co	orporations		
AMERRO	O LLC		
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	AMER JERDANA		
		Name of Person	
	AMERRCO LLC		
		Firm/Company	
	1274 NW 62 ST		
		Address	<del></del>
	MIAMI, FL 33147		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	(fication)
For further information	concerning this matter, please c	all:	
AMER JERDANA		305 448-9584	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 61 Tallahassee	n Section Corporations 327	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Plorida document number L20000266559	were filed on 08/27/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
J DANA TRADING LLC		<u> </u>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1274 NW 62ND ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33147	<b> </b>
		70.0
		SE
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
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 regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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.

MGR = Manager

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

	uthorized Member		There is a first a salar
Title	Name	Address	Type of Action
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			□ Change
			🗀 Add
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Effective date, if other than the structure of the date of the dat	ust be specific and can block does not mec:	the applicable	te of filing or more t statutory filing re	(optiona han 90 days after filir quirements, this da	g.) Pursuant to 605.020
e record specifies a delayed effect rd is filed.	ive date, but not an e	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
Dated	. 2	020			

Filing Fee: \$25.00

Typed or printed name of signee