

L21000040249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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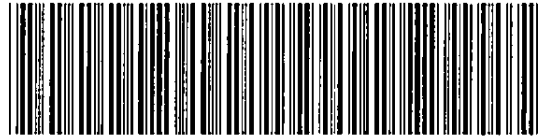
(Business Entity Name)

(Document Number)

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K. HUNT
09/09/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE TRADING CLUB LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANKLIN OVALLES MORENO

Name of Person

THE TRADING CLUB LLC

Firm/Company

3250 NE 1ST AVE, SUITE 305

Address

MIAMI, FL. 33137

City/State and Zip Code

WEBMASTER@ELTRADINGCLUB.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANKLIN OVALLES MORENO

786 961-1057
at ()

Name of Person

Area Code

Daytime 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 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**

THE TRADING CLUB 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 01/20/2021 and assigned
Florida document number L21000040249.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

125 NE 32nd ST. APT 2018

MIAMI FL. 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 NE 32nd ST. APT 2018

MIAMI FL. 33137

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 _____
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SILVA RAMIREZ, KIARA J.	125 NE 32nd ST APT. 16-05	<input type="checkbox"/> Add
		MIAMI FL. 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HERNANDEZ, ANDRES	125 NE 32nd ST APT. 2018	<input checked="" type="checkbox"/> Add
		MIAMI FL. 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRET
NO. 12-17

2010-09 PM12:167
JOSEPH
JOSEEL, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER, 3 2024

FRANKLIN OVALLES MORENO

Typed or printed name of signee

Filing Fee: \$25.00