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(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Afric	can Trading Po	St LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	thylie len	IMER	
	<u> </u>	Name of Person	-
		Firm/Company	
	5914 15m/	ive South	
		Address	
	Kylie @ theice	City/State and Zip Code depot- Com to be used for future annual report noti	
			fication)
For further information c	oncerning this matter, please c	all:	
		at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
₹ \$25.00 Filing Fee	\$\int \$\section	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I. Florida document number	Liability Company were filed on <u>Jan</u>	ndary $\frac{1606}{16}$ problem
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." offices address, if applicable: ress MUST BE A STREET ADDRESS) address, if applicable: (AY BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new registered of the registered office address here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	ution "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applied	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
agent and/or the new registered office addre	registered office address on our recordess here:	ds, enter the name of the new registered
Name of New Registered Agent:	Thylie Lemmer	<u> </u>
New Registered Office Address:	5914 19th Ave S Enter Florida str	outh
	City	Florida 33707
New Registered Agent's Signature, if changing	· -	
I hereby accept the appointment as registere provisions of all statutes relative to the propactions of the obligations of my position as regional filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of my d istered agent as provided for in Chapt registered office addre <u>ss</u> , I hereby cod	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Phylie Lemmen	5914 1514 AVE South.	□Add
	•	Gulfport, FL 33707	□Remove
			&Change
<u>Agent.</u>	Ama temmen.	SAIL 15th Avesaith	□Add
		Gulfpolt, FL 33707	X Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Remove
			□Change

. If ar	nending any other	1		_				
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	and cha	ming V	ulie 1	emme (5 p	the	registr	e(e(1))
	agent B	مال ك	`\				5 -	
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E FFor	ctive date, if other	than the date of	C1:			,		
fan e <u>Note</u>	effective date is listed, the first the date inserted ment's effective date	ne date must be specif I în this block does	ic and cannot b not meet the :	e prior to date of t applicable statu	filing or more	than 90 days equirements	after filing.) Pur	suam to 605.0207 (; not be listed as th
reco d is	ord specifies a delaye filed.	d effective date, bu	t not an effec	tive time, at 12:	:01 a.m. on t	the earlier o	f: (b) The 90	th day after the
)ate	a August	6th,	<u>}0</u> 8	$\frac{\lambda l}{l}$	đ			
		Signature	oil niember o	r authorized repre	esentative of a	ı member	-	
		-	Ulie	Lemn				
			Typed or	r printed name of	signee			