L21000043044

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chury Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:





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2021 AUG 29 PH 1: 19
SECRETARY OF STATE
SECRETARY OF STATE

8/29/21



June 18, 2021

CONNYR MUMFORD 4030 LAURELWOOD LANE DELRAY BEACH, FL 33445

SUBJECT: MUMFORD TRADING LLC

Ref. Number: L21000043044

We have received your document for MUMFORD TRADING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 521A00013849

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www.sunbiz.org

Division of Corporations DO POV 6397 Tallahassas Florida 39314

COVER LETTER

TO:	Registration Section Division of Corporations	s						
SUBJI	ECT:	Mum for Name of Limi	d Tyuoung	uc	<u> </u>			
The en	closed Articles of Amendme	ent and fee(s) are subi	mitted for filing.					
Please	return all correspondence co	oncerning this matter t	to the following:					
		Conn	y Mum f	tovel				
		2103V Nelia	Firm/Company Laured wave Address General City/State and Zip Code To be used for future annual code and code and code and code and code annual code	rading I IAne IFL 3	21c	SECRETARY OF STATE	2001 AUG 29 PH 1: 19	
For fu	ther information concerning			in report invition	,			
	Cesay Gonz Name of Person		at (<u>954</u>)_ Area Code	856 - Daytime Te	£50 lephone Numb	er		
	sed is a check for the following for the following for \$330.	ing amount: 0.00 Filing Fee & crtificate of Status	S55.00 Filing Fe Certified Copy (additional copy is c		Certifie	Filing Fee, cate of Stated Copy tal copy is en	tus &	

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

Munford Tradin	y LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on2/10_	12021	and assigned
Florida document number 86-1977946		110 Finter	ich invest it
This amendment is submitted to amend the following:		PACT TO	. ,
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability. The new name must be distinguishable and contain the words "Limited Liability."	lity company here:	er HGF	inancial s
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	14280 S m Delvay Be	ulitary Tr	# 8085
(Principal office address MUST BE A STREET ADDRESS)	Delvay Be	ach, FL	33482
Enter new mailing address, if applicable:		SE SE	2021
(Mailing address MAY BE A POST OFFICE BOX)			
		- XXX OXXO	20 F
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the Rathe	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	t 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 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
			□Add
			□Change
			□Add
			□Remove
			□Change
			2021 AUG 23 SECRETARY
			AUG 29 PH CORETARY OF SILLAHI.SSEE.
	<u> </u>		FAIE 9
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cord sp s filed.	oecifies a delay	ved effective da	te, but not a	n effective t	ime, at 12:01	a.m. on the e	earlier of: (b) The	90th day	after th
cd	May	10th	,	2021			IN)		
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