## L21000059129

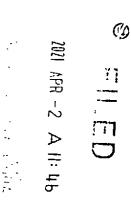
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co		
GOLD MI	NING & TRADING LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	RAFAEL CRUZ	
		Name of Person
	SSOCIATES	
	Firm/Company	
	216	
	Address	
	MIAMI FL, 33144	
		City/State and Zip Code
	eruzgorrias@yahoo.com E-mail address:	(to be used for future annual report notification)
For further information of	concerning this matter, please o	
Rafael Cruz		305 262-8292 at ()
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	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

		·
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recor ida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Florida document number 1.21000059129	Company were filed on 02/02/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		r the name of the new register
B. If amending the registered agent and/or register		r the name of the new register
B. If amending the registered agent and/or register agent and/or the new registered office address here	: 	
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	Enter Florida street addre	ens a
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	Enter Florida street addre	205
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	Enter Florida street addre City	205

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>	Name	Address	Type of Action
MGR	JORGE A ALBAN-ALCIVAR	1271 PIERPONT STREET	□Add
		RAHWAY, NJ 07065	=Remove
MGRM	JORGE A ALBAN-ALCIVAR	1271 PIERPONT STREET	<b>∃</b> Add
		RAHWAY, NJ 07065	Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			Add Alemove
			Remove 2
			Change C
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fective date, if other than the in effective date is listed, the date must	he specific and cannot be	prior to date of filing o	r more than 90 days after fi	ling.) Pursuant to	o 605.0207
ote: If the date inserted in this blocument's effective date on the De	partment of State's rec	pplicable statutory in ords.	nng requirements, tina c	_	, mateca taa
	dan busuna an effect	ius tima at 12:01 a s	n on the earlier of (h)	The 90th day	after the
ecord specifies a delayed effective is filed.	e date, but not an effect	ive dine, at 12.01 a.i	ii. on the carner or. (b)	PR	
	2021			~ ~	17
MARCH 26	2021			. ▶	

Filing Fee: \$25.00