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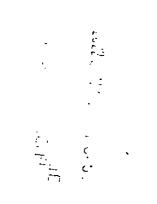
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COVER LETTER

TO: k ation Se Division of Cor			
	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aymen Abdallah		
Division of Corporations Let's Trade 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: Aymen Abdallah Name of Person Let's Trade LLC Firm/Company P.O. Box 353641 Address Palm Coast, FL 32135 City/State and Zip Code aymenabda@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aymen Abdallah Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escholosed is a check for the following amount: S25.00 Filling Fee Certificate of Status Certificate of Status Certificat Copy (additional copy is enclosed)			
Division of Corporations Let's Trade LLC			
		Firm/Company	
	P.O. Box 353641		
	Division of Corporations ECT: Let's Trade LLC		
	Palm Coast, FL 32135		
		City/State and Zip Code	<u> </u>
	• •	to be used for future annual report potifi	(cation)
For further information of			
	oncerning this matter, prease ea		
		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			tion

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

Let's Trade LLC			17) 1 1) EULE () , (
(Name of the Limited	Liability Compar A Florida Limited L	ny as it now appears on on institution in the state of th	ur records.	i ii
The Articles of Organization for this Limited Lia Florida document number <u>L21000075075</u>	bility Company	were filed on		and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designa	ition "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applica	ble:	11 Birchview Pl		
(Principal office address MUST BE A STREET		Palm Coast, FL 3213	7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	P.O. Box 353641 Palm Coast, FL 3213:	5	
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our record	ls, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Aymen Abdallal	h		
New Registered Office Address:	11 Birchview Pl	Enter Florida str	reet oddraes	
	Palm Coasst	Enier r iorida sti		37
		City	, Florida ³²¹	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>	Address	Type of Action
MGR	Marisela Garcia	66 Birchwood Drive	□Add
		Palm Coast, FL 32137	E Remove
			□Change
			□Remove
			□Remove
			□Change
			□Add
			□Rcmove
			□Change
			Remove
			□ Add
		<u>. </u>	□Remove
			Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated January 18 Signature of a member or authorized representative of a member	9 ,	formation, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 dots; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. January 18 2022 Support of a member or authorized representative of a member			_
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Filing Fee: \$25.00