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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Sect Division of Corp			
SUBJE		EET FOREX LLC		
SUBJEN	<u> </u>	Name of Limi	ted Liability Company	
The encl	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		FABRICE HERZSTEIN		
			Name of Person	
			Firm/Company	
		20803 BISCAYNE BLVD	SUITE 440	
			Address	
		AVENTURA, FL, 33180		
			City/State and Zip Code	
		FABRICE@MCHCONSUL		
		E-mail address: (t	to be used for future annual report notific	ration)
For furtl	her information co	ncerning this matter, please ea	dl:	
FABRI	CE HERZSTEIN		786 785-5000 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	e following amount:		
■ \$ 25	.00 Filing Fee	S30.00 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 S		<u>Street Address:</u> Registration Sect	ion

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

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT | ED TO ARTICLES OF ORGANIZATION OF AM 7: 48

WALL STREET FOREX LLC

SECRETARY OF STATE TALLAHASSEE, FL

(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	FEBRUARY 24, 202	and assigned
Florida document number L21000092251			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility compan	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," 1	he designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	address on or	ir records, enter the	e name of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Flori	da
	•		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
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cument's effective					
ecord specifies a d	lelayed effective date, b	out not an effective time.	at 12:01 a.m. on the ea	rlier of: (b) The 90th da	y after the
	lelayed effective date, b	out not an effective time.	at 12:01 a.m. on the ea	rlier of: (b) The 90th da	y after the
record specifies a dis filed.		2021			y after the

Filing Fee: \$25.00