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SST ACTION OF STATE

## **COVER LETTER**

	Registration Se Division of Cor						
C110 107:	Agile Trad						
SUBJEC	Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Wesley Dolan					
			Name of Person				
		Legal Corporate Services I	nc.				
		Firm/Company 5237 Summerlin Commons Ste 400					
	Address						
		Fort Myers, FL 33907					
			City/State and Zip Code				
		E-mail address: (	to be used for future annual repo	ort notification)			
For furthe	er information c	concerning this matter, please co	all;				
Robert K	imble		352 217-92	64			
	Name o	of Person	at () Area Code L	Daytime Telephone Number			
Enclosed	is a check for t	he following amount:					
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (audinomal copy); enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres		Street Addre				
Registration Section Division of Corporations			Registratio Division o	n Section f Corporations			
D (A. Doy 63		·		The Centre of Tallahassa			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGILE TRADING LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our hability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on April 01, 2	021	and assigned
Florida document number L21000152361			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designatio	n "LLC" or the abb	oreviation "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 agent and/or the new registered office address here:	iddress on our records,		of the new register  2021  DE
St. SSI D. C. L. L.			DEC
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florida stree		<b>3</b> 5
	v.nier v tortuu street	3 0	6 F
<del></del>		Floridg 국	− <b>⇔</b> <del>%p</del> Code
		- CT	1

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Sarah Kimble	311 W Henry Ave	
		Tampa, FL. 33604	
			Change
			IAdd
			□Remove
			Change
			[]Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
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			(Tr)sange

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an eff <u>lote:</u>	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	December 2nd 2021
	December 2nd 2021  Robert Kinkle  Signature of a member or authorized representative of a member
	Robert Kimble
	Typed or printed name of signee