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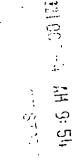
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

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eun irar.		MERCOSUR INVESTMENT INTERNATIONAL LLC					
SUBJECT:		Name of Lin	nited Liability Company	·			
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		CARLOS BISIO					
			Name of Person				
		FASTFORWARD TRADI	NG COMPANY LLC				
Firm/Company							
		1845 NW 112 TH AVENU	JE STE 203, MIAMI FLORIDA				
		 	Address				
		33172					
			City/State and Zip Code				
		info@fastfwdus.com	to be used for future annual report no				
For further i	nformation c	oncerning this matter, please c	·	uncarony			
CARLOS B	isio		786 4956610				
	Name o	f Person		me Telephone Number			
Enclosed is :	a check for th	ne following amount:					
\$25.00 1	Filing Fee	□ \$30,00 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)			
Ма	iling Addres	e.	. Street Address:				
	gistration S	_	Registration Se	ection			
		orporations	Division of Co	•			
	D. Box 632		The Centre of				
la	llahassee, i	rl 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERCUSUR INVESTMENT INTERNATIONAL I		w.
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 04/30/2021	and assigned
Florida document number 1.21000201347		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or 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)		
		23
3. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new regist
gent and/or the new registered office address here:		
		 .*
Name of New Registered Agent:		; ==
New Registered Office Address:		်က္က မွာ
	Enter Florida street address	<u> </u>
	, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAUL ROMERO JR	1845 NW 112TH AVENUE STE 203	= Add
		MIAMI, FLORIDA 33172	□Remove
			□Change
AMBR	OBDULIO C CARNE FUNES	1845 NW 112TH AVENUE STE 203	□Add
		MIAMI, FLORIDA 33172	⊟Remove
			■ Change
AMBR	MARIA N CARNE	1845 NW 112TH AVENUE STE 203	□ Add
		MIAMI, FLORIDA 33172	□Remove
			■ Change
			□Add
			Петюче
			Change
			□Add
			Remove
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ord specif filed	िल्ड a delay ed eff	fective date, but	i not an effectiv	e time, at 12:01 a	m on the earlie	r of: (b) The 90	th day after th
P SEPTE	EMBER 27		-· 202)	$\overline{\mathcal{J}}_{\mathcal{A}}$	•		
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