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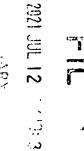
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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				Name of Person	
			AVT CONSULTANTS LL	.c	
				Finn Company	
			250 CATALONIA AVE S	UITE 405	
			<u></u>	Address	
			CORAL GABLES, FL 33	34	
			AND ALC: A CTAYAND III	City/State and Zip Code	
			ANIBAL@AVTCONSULT	to be used for future annual report note	neution)
For furt	her ir	nformation c	oncerning this matter, please ca	all.	
ANIBA	AL C	VERA-TUD	PELA	305 587-6867	
		Name o	f Person	at () Arce Code Daytin	re Telephone Number
Enclose	od is a	a check for th	ne following amount:		
≅ \$ 25	5.00 F	filing Fec	□ \$30.00 Filing Fee & Certificate of Status	S55 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 sssec, FL 32314	STREET/COUR Registration Section Division of Corporation Building 2661 Executive Control Tallahassee, FL 3	orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. W. Z. M.O.S. LIMA TRADING USAILLC (Name of the Limited Limbility 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 07/06/2021 and assigned Florida document number L21000307078 This amendment is submitted to amend the following A. If amending name, enter the new name of the limited liability company here: LIMA TRADING INTERNATIONAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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:

or removed from our records:		
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
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