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NAME: CT INTERNATIONAL TRADING, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

TO: Registration Section **Division of Corporations** CT International Trading, LLC SUBJECT: _ 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: Esteban Elias Name of Person Firm/Company 1428 Brickell Ave. Unit 202 Address Miami, FL 33131 City/State and Zip Code esteban@awadelias.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Esteban Elias Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

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Tallahassee, FL 32314

CT International Trading, LLC

DocuSign Envelope ID: 07DAC309-9249-4806-8FF7-A55481689E5A **ARTICLES OF AMENDMENT** ·TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{121000308747}{121000308747}$.	ere filed on July 6, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>S</u> <u>Eb-</u>	202
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	다 사고 (1943년) - 구동	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	.< · · ·
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B. If amending the registered agent and/or registered office addagent and/or the new registered office address here: Name of New Registered Agent:	lress on our records, <u>enter the name of t</u>	he new registered
		<u>.</u>
New Registered Office Address:	Enter Florida street address	
	Florida	
	City Florida Zip	· Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my duties, and I am famili vided for in Chapter 605, F.S. Or, if this	ar with and s document is

If Changing Registered Agent, Signature of New Registered Agent

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IT amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR Rodrigo Cruz		1201 6TH AVE W STE 100 BRADENTON, FL 3	4205 ≘ Add
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e: If the date inserted in this b	lock does not meet t	he applicable sta	tutory filing requireme	ents, this date wil	l not be listed
ament's effective date on the D	epartment of State's	s records.			
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Filing Fee: \$25.00

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