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(Re	questor's Name)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MC TRAD				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
riouse retain an correspo	moonee concerning and maner	to all tonowing.		
	EDGARD NOGUEIRA J	JNIOR		
		Name of Person		
	VIMA SERVICES LLC			
		Firm/Company		
	2295 S HIAWASSEE RD	STE 104		
		Address		
	ORLANDO, FL 32835			
		City/State and Zip Code		
	accounting@vimabc.com E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Edgard Nogueira Junior		at (954) 865-8977		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC TRADING & F	HOLDING LLC	2022 All
(Name of the Limited I	iability Company as it now appears on our record florida Limited Liability Company)	<u>(a)</u>
The Articles of Organization for this Limited Liabi Florida document number <u>L21000392039</u>	lity Company were filed on09/02/2021	and assigned on the option of
This amendment is submitted to amend the following	ng:	: 05
A. If amending name, enter the new name of the	e limited liability company here:	
CALFORGE INTERNATIONAL LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	rmer Frorud Mreet daares	s
_	Flo	orida Zip Code
	\$300	ray i con

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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
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