

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L21000415443**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
2022 OCT 26 PM 4:16  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/26/2022 BY 60322 UC

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NEWS MOVES MARKETS FOREX LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 OCT 26 PM 10:26

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 27 2022

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**News Moves Markets Forex LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2022 OCT 26 PM 4:16  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/20/21 and assigned  
Florida document number L21000415443.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

**(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

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, 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>	<u>Type of Action</u>
AMBR	CASON, RICHARD	6303 BLUE LAGOON DRIVE	<input type="checkbox"/> Add
		SUITE 400 - 2361	<input type="checkbox"/> Remove
		MIAMI, FL 33126	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FALLA ASSIST

FILED

2022 OCT 11  
ALLANASTEE DRIVE

FILED  
2022 OCT 26 PM 4:16  
CLARK COUNTY  
CLARK COUNTY

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 26, 2022

Riley Parker

Signature of a member or authorized representative of a member

## Riley Park

Typed or printed name of signee

**Filing Fee: \$25.00**