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(F	Requestor's Name)	
(<i>F</i>	Address)	
(<i>f</i>	Address)	
(0	City/State/Zip/Phone	
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(E	Business Entity Nan	me)
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2022 MAY -2 PM 2:51

A. BUTLER
MAY - 3 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration S Division of Co			
cup ica		ADING, LLC		
SUBJEC	,1: <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	oondence concerning this matter	to the following:	
		JOHN O. KOCHKERIAN	, ESQ.	
			Name of Person	
		JK LAW, PA		
			Firm/Company	
		925 S FEDERAL HWY, S	STE. 125	
			Address	
		BOCA RATON, FL 33432	2	
			City/State and Zip Code	
		john@jklawpa.com	to be used for future annual report r	notification)
For furth	er information	concerning this matter, please c		
JOHN C). KOCHKERI	AN	954 818-9795	
	Name	of Person	at ()	time Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr		Street Address:	-
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ARM TRADING, LLC

2022 HAY -2 AM 9: 42

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	ON OUR FECORES ARY TALLAHAS	OF STATE SEE, FL
The Articles of Organization for this Limited Liability C	Company were filed on FEB		and assigned
Florida document number L22000084986	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
ARMGEN TRADING, LLC			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · ·	
(Principal office address MUST BE A STREET ADDI	RESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our re	ords, <u>enter the nan</u>	ne of the new register
New Registered Office Address:			
Nogistejed Office Fiduress.	Enter Florid	la street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of n gent as provided for in Cl ed office address, I hereby	ny duties, and I am hapter 605, F.S. Or,	familiar with and if this document is
	If Changing Registered Age	nt, Signature of New Re	gistered 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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
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			□Remove
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an effective dat ote: If the da	e is listed, the date ite inserted in th	the date of file must be specific its block does no he Department o	and cannot be proof the app	licable statuto	ng or more than s ry filing require	(option) O days after filements, this d	ing.) Pursuant to 6	05.0207 isted as
ecord specifi is filed.	es a delayed effe	ective date, but 1	not an effective	e time, at 12:0	l a.m. on the ea	urlier of: (b)	The 90th day af	fer the
APRIL	29		2022	·				
			1	1 //				
		Signature of	a member or au	thorized repres	entative of a men	nber		

Filing Fee: \$25.00