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2022 MAY -2 PM 2: 50 SECRETARY OF SIAM

COVER LETTER

TO:	Registration Sec Division of Cor			
	Trade Revo	olution LLC		
SUBJE	ECT:		2. 112 122. 7	
		Name of Lam	ited Liability Company	
The en-	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Juan Manuel Bohorquez		
		 -	Name of Person	
		Trade Revolution LLC		
			Firm/Company	
		6109 nw 171 st		
			Address	
		Hialeah , Florida , 33015		
	City/State and Zip Code PAXFUL.PRUEBA@gmail.com			
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
Juan r	nanuel Bohorquez		786 8060842	
Name of Person			at () Area Code Davtime	2 Telephone Number
	rame of	Com	mea code Dayuna	retephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trade Revolution LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed or	n03/28/2022	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility compan	vy here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company."	the designation "LLC" or the ab	breviation "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)			
The state of the s			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on o	ur records, <u>enter the nam</u>	e of the new registere

New Registered Office Address:	Enter	· Florida street address	
		Florida	
	Cüy		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for	e of my duties, and I am f in Chapter 605, F.S. Or,	familiar with and if this document is

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sandra Garzon Soto	6109 nw 171 st , FL , hialeah, 33015	
			= Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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fective date, if other than		7/2022	(optional)	
n effective date is listed, the date	must be specific and cannot be sblock does not meet the	applicable statutory fi	(optional) or more than 90 days after filing.) I ding requirements, this date w	Pursuant to 605.0207 (2 ill not be listed as th
ecord specifies a delayed effe is filed.	ctive date, but not an effec	ctive time, at 12:01 a.i	m. on the earlier of: (b) The	90th day after the
04/27	2022	!		
ted	·	<u> </u>		
- Jan Jan	Signature of a member of	or authorized representat	ive of a member	
1 1				