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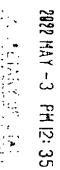
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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JUN 24 2022 M. SOLOWON

COVER LETTER

Registration Section

Division of Corporations

TO:

	TRADING LLC		,	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARICE ARIAS			
		Name of Person		
	USA & GLOBAL BUSIN	ESS SERVICES		
		Firm/Company		
	3029 NE 188th STREET	STE. 914		
		Address		\$ 287
	AVENTURA, FL 33180			5822 HAT
		City/State and Zip Code		1700 T
	MARICE@USAGLOBALI	BUSINESS.ORG		
	E-mail address: (to be used for future annual repo	ort notification)	
For further information c	oncerning this matter, please c	all:		()
MARICE ARIAS		305 934-27	775	
Name o	f Person	at () Area Code [Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified (e of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	The Centre 2415 N. M		.0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Cor $\frac{1.22000170952}{1000170952}$	mpany were filed on $\frac{04/11/2022}{}$	and a	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
HATHIA TRADING LLC				
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbi	eviation "	L.L.C."	_
Enter new principal offices address, if applicable:		•	202	_
Principal office address MUST BE A STREET ADDRE	<u> </u>	. 77	H.	
		371	- ۵	+
Enter new mailing address, if applicable:		**************************************	PH 12:	
Mailing address MAY BE A POST OFFICE BOX)			ယ္ထ	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name</u>	of the ne	ew regis	<u>tered</u>
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:

MATHIA TRADING LLC

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

f 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> Fitle</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
			□Add
			□Remove
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. Effect	ve date, if other than the date of filing:	
(If an eff Note:	etive 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 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	
the recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	ter the
	APRIL 27th 2022	
Dated		

Typed or printed name of signee