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.

(((H22000415646 3)))



H220004155453ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (

: (850)517-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862

Fax Number : (954)697-0130

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

Email Address: Sales Qeloenterprises. US

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HM INTERNATIONAL TRADING, LLC

وخوارا والمساحدة	
Certificate of Status	0
Certified Copy	()
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. BRUMBLEY

नवान प्रत

DEC 1 2 2022

FILED

. .

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HM INTERNATIONAL TRADING, LI			~	
(Name of the Limited L.	ahility Compa	any as it now appears on our records.) Liability Company)	322	
(// 1	mide Limited	Diadrity Company)	T T	
The Articles of Organization for this Limited Liability	ity Company	were filed on 04/27/2022	and assigned	
Fiorida document number L22000173897			CATT. FINE	
1 for the document manager	·		SSE PR	
This amendment is submitted to amend the following	g:) 9: 49	
A. If amending name, enter the new name of the	limited liab	oility company here:	1. 1. 1. 1. 1. 1. 1. 1. 1	
N/A				
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	•	2775 NE 187TH STE 617 STREET		
(Principal office address MUST BE A STREET A		AVENTURA, FL 33180		
Trincipal office duales, Proof Be (Coxinge) In	<u> 20102337</u>			
•		2775 NE 1877H STE 617 STREET		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	7	AVENTURA, FL 33180		
B. If amending the registered agent and/or regist		address on our records, <u>enter the</u>	name of the new registere	
agent and/or the new registered office address he	<u>re</u> ;			
N.	/A			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
		, Floric	la	
-		City	Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:			
I hereby accept the appointment as registered ag	ent and nor	ee to act in this capacity. I furthe	er goree to comply with the	
provisions of all statutes relative to the proper ar				
accept the obligations of my position as registere	d agent as p	provided for in Chapter 605, F.S	. Or, if this document is	
being filed to merely reflect a change in the regis	tered office	address, I hereby confirm that the	he limited liability	

12/09/2022 1	١.	:	54
--------------	----	---	----

(FAX)

P.003/004

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Remove
			□ Change
			
			□Remove
			☐ Change
	<u></u>		
			□Remove
			CChange
			Adđ
			□Remove
			☐ Change
			DAdd
		··-·	□Remove
			Change

				
				
				. <u></u>
		_		
				
				 -
				
				<u> </u>
				
		<u> </u>		
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	ock does not meet the appli	cable statutory filing requ	(optional) a 90 days after filing.) Pursuant irements, this date will not b	to 605.0207 (3 be listed as th
	e date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	y after the
ord is filed.	2022			
ord is filed.	2022			
	2022 Signature of a member or auth			