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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
	RADE GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	PESCE, ROBERTO J		
		Name of Person	
	SOUTH TRADE GROUP	LLC	
		Firm/Company	
	11055 SW 186TH ST SUI	TE 305	
	_	Address	
	MIAMI FLORIDA 33157		
		City/State and Zip Code	
	INFO@YMLSERVICE.CO	M to be used for future annual report not	(Changles)
For further information	concerning this matter, please c		ification)
	toncerning inis matter, piease e		بر. تي:
YAMEL LORENZO		786 431 2144 at ()	<u> </u>
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH TRADE GROUP LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited L. Florida document number L22000197789	_iability Company	were filed on <u>04/25/2022</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	vility company here:	
he 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: Principal office address MUST BE A STREET ADDRESS)		YML ACCOUNTING SERVICE	ES INC
		11055 SW 186th ST SUITE 30	5
		MIAMI FL 33157	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		11055 SW 186TH ST SUITE 30 MIAMI FL 33157	05
3. If amending the registered agent and/or egent and/or the new registered office addre		address on our records, <u>enter t</u>	the name of the new regist
Name of New Registered Agent:	YML ACCOU	NTING SERVICES INC	- 2.
New Registered Office Address:	11055 SW 186	TH ST SUITE 305	
		Enter Florida street address	
	MIAMI		rida ³³¹⁵⁷
		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>	Address	Type of Action
			□Add
			□Remove
			□Change
		<u> </u>	
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n effective date is listed, the date m	e date of filing: ust be specific and cannot be prior to da block does not meet the applicable Department of State's records.		rs after filing.) Pursuant to 605.020
cord specifies a delayed effecti s filed.	ive date, but not an effective time, a	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
JULY 17	2023		-2
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7 /	f = f(f)		
Rober	to Thesee.		
Rober	Fignature of a member or authorized	f representative of a member	1 2. 1 12: 1 12:

Filing Fee: \$25.00