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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(5	omede zmity rich	,
Ос	cument Number)	
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Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	

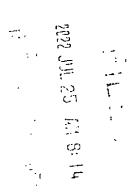
Office Use Only





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COVER LETTER

	Registration Se Division of Cor			,		
eup uz	LO TRAD	ING LLC				
SUBJEC	.1:	Name of Lim	tited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Luis Otero Ulate				
Name of Person						<u>∑</u> 3
		LO TRADING LLC				2922 J
			Firm/Company		•	<u> </u>
		9393 Bloomfield Drive				C
		Address			,	22
		Palm Beach Gardens, FL 3	33410			8: 15
		luisotero393@icloud.com	City/State and Zip Code		•	•
		E-mail address: (to be used for future annual re	eport notification)		
For furth	er information c	oncerning this matter, please co	all:			
Luis Otero Ulate		561 543- at ()	-5959			
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificationsed) Certified	te of Statu	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registratio Division o Clifton Bu	f Corporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ompany as it now appears on our record ated Liability Company)	<u>ls.</u>)	_ 	
pany were filed on 6/24/2022	a	nd assig	ned
liability company here:			
	-7	5.3	
Liability Company," the designation "LLC	" or the abbreviat	ion 🔁	C."
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<u></u>	· ·	<u> </u>	<u> </u>
	····		<u>.</u> ,
		င္မာ	<u>'</u> ,
	<u> </u>		
d office address on our record here:	s, <u>enter the r</u>	iame of	the <u>n</u>
Enter Florida street addres	ys	_	
. FI	orida		
City		Code	
I .	d office address on our record here: Enter Florida street address., FI	d office address on our records, enter the nhere: Enter Florida street address Florida Florida Florida	d office address on our records, enter the name of here: Emer Florida street address Florida and assig

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
	_		Remove
			Change 7
			•
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	e, if other than the			Late of Cities and		ional)	605 0
Note: If the da	ate is listed, the date must ate inserted in this blo fective date on the De	ck does not mee	t the applicabl				
	pecifies a delayed day after the reco		e, but not a	an effective t	me, at 12:01	a.m. on the	earlier
07/14 Dated	Į.	_	2022				
	// ^		10.	-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00