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(Requestor's Name)				
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COVER LETTER

TO:

Registration Section

Division o	f Corporations			
SUBJECT:	TAUDIDI TRA	DING LLC		
		f Limited Liability Company		
The enclosed Article	s of Amendment and fee(s) are	submitted for filing		
Please return all corre	espondence concerning this ma	atter to the following:		
	Quelqui	Name of Person		
		Firm/Company		
	145 Pelice	un Island PL Address		
	Senastian	FL 32958		
	Conychen 7	City/State and Zip Code 204 (Configuration of Company) (to be used for future annual report notion		TALLSE SECRE
For further information	concerning this matter, please	call:	ification)	27
Gunn	w. (a	at(<u>412</u>)£12	0733 c Telephone Number	FILED 2022 SEP 19 PH 4: 17 SECRETARY OF STATE STALLAHASSEE. FL
Enclosed is a check for the	ne following amount:			
☐ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 \$60.00 Filing Certificate of Certified Copy (additional copy i	Status &
Mailing Address Registration Solution of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration Section Division of Corporate Centre of Tales	orations	

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIAD DIDI TRADING LLC ability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 37/32 and assigned Florida document number <u>L22000391146</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 11707 sprawlingoak Drive Windermure (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City New Registered Agent's Signature, if changing Registered Agent:

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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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