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TO: Registration Section **Division of Corporations** OCTANS TRADE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: lurii Pekker Name of Person Firm/Company 100 SOUTHEAST THIRD AVENUE, SUITE 1000 Address FORT LAUDERDALE, FL 33394 City/State and Zip Code iurii.pekker@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: lurii Pekker 954 8927410 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Octans Trade LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/5/2023 and assigned Florida document number <u>L23000003652</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 "LLC" Enter new principal offices address, if applicable: (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 City 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 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.

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If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Igor Klyovan	Kuporna St, 18, Mykolaiv, 54000, Ukraine	
			□ Remove
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. If amending any other infor	mation, enter change(s) here: (Attach additiona	al sheets, if necessary.)
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Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be listed
he record specifies a delay The 90th day after the r	ed effective date, but not an effective time ecord is filed.	e, at 12:01 a .m. on the earlier
Dated	2024	
~	· · · · · · · · · · · · · · · · · · ·	
	Signature of a manhar or outh wheel &	
	Signature of a member or authorized representative of a	s member
Valeriy Babarika	Signature of a member or authorized representative of a	s member

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