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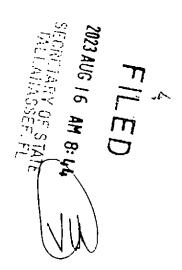
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COVER LETTER

Divi	sion of Cor	porations		•
		ERNATIONAL TRADE LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Wilson Mendoza		
			Name of Person	
		IONIA INTERNATIONA	L TRADE LLC	
Firm/Company				
		201 SW 85th Terrace Apt	209	
			Address	
		Pembroke Pines 33025		
			City/State and Zip Code	
		wilson@ioniatrade.com	to be used for future annual report notifica	tion)
For further in	formation co	oncerning this matter, please ca	_	,
Wilson G. Me	_		954 669-3606 at ()	
	Name of	l'Person	Area Code Daytime To	elephone Number
Enclosed is a	check for th	e following amount:		
□ \$25,00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addressistration S		Street Address: Registration Section	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IONIA INTERNATIONAL TRADE LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con Florida document number 700400677567	npany were filed on 8/10/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 2023 AUG 16 AM 8: 4 SECRETARY DE STA- TALLAHAS SEE FI
B. If amending the registered agent and/or registered on agent and/or the new registered office address here:	office address on our records, <u>ente</u>	· — ·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	į	Florida
	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
MGR	WILSON G. MENDOZA		□Add
			□Remove
MGR	OZGUR CAGLAR		□Add
			□Remove
			■ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		<u></u>	□Remove
			□Change

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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member		Ald.	nalaco			
/	/		Signature of a m	ember or authorized rep	resentative of a member		
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