

T. LEMIEUX MAR 1 6 2023

):

14073080481

COVER LETTER

TO: Registration Section Division of Corporations

VTE TRADING GROUP, 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:

NICOLE A.

Name of Person

GLOBALFY BUSINESS SERVICES, LLC

Farm/Company

7345 W SAND LAKE RD STE 210

Address

ORLANDO, FL 32819

City/State and Zip Code

DOCS@GLOBALFY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25,00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy radditional copy (s enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>StreetAddress:</u> 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

VTE TRADING GROUP, 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 02/13/2023	and assigned
Florida document number <u>L23000078870</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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

		فت
Name of New Registered Agent:		
New Registered Office Address:		6
<u>in a neglacina onner i nabesi</u> .	Enter Florida street address	
	, Florida	ب
	Cuy	Zip Coden
		. N

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page:5 of 6

.

2023-03-16 11:53:12 GMT

14073080481

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

):

Title	<u>Name</u>	Address	Type of Action
AMBR	NATALIA ALBERICH REVERTI	AVENIDA MIQUEL BATLLORI NUMERO 58	🗆 Add
		4Å ⁽³⁾ LLEIDA, CT 25001 ES	Remove
			□Change
AMBR	EFRAIN ARTURO PIMIENTA PL	CRA 43B # 87-93	≣ Add
		BARRANQUILLA. 080020 - COLOMBIA	Remove
			🗆 Change
			🗆 Remove
			□Change
		- <u></u>	🗆 Add
			🗆 Remove
			🖾 Change
			🗆 Add
			Remove
			🗇 Change
			🗆 Add
			[]Remove
		<u></u>	🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.) Please remove Natalia and add EFRAIN ARTURO PIMIENTA PENA, Thank you !

	····
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
	·····
ive date, if other than the date of filing:	(optional)

If the record specifies a delayed effective date, but not an effective time, at 12.01 a moon the earlier of (b). The 90th day after the record is filed

March 15 Dated	2023
	<u> </u>
	Signature of a member or authorized representative of a member
EFRAIN ARTURO P	IMIENTA PENA

document's effective date on the Department of State's records.

Typed or printed name of signee