## Florida Department of State

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(((H23000146508 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

∕**Enter⊇the	email	address	for	this	business	entity	to	be	used	for	future
ว aิกักนอโ	report	t mailin	gs.	Enter	only on	e email	add	res	s ple	ase.	**

Email Address:

## **LLC AMND/RESTATE/CORRECT OR M/MG RESIGN** TRIVEN TRADING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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EPR 20 2013

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIVEN TRADING LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	s as it now appears on our records.)	
(tenda dininted Din	omey company,	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>04/05/2023</u>	and assigned
Florida document number <u>L23000170701</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	e abbreviation "L.L.C."
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 ad	dress on our records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address here:		
Name (Nime Basine and Asset)		~`
Name of New Registered Agent:		<del>2</del> 23
New Registered Office Address:	Enter Florida street address	A
	Enter Florida street address	
	, Florida	9 7 3 7
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		- 10
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further erformance of my duties, and I a	agree to comply with the m 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Ryan Lalla Maharajh	7901 4TH ST N STE 300	X Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			[]Remove
			Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			🗆 Add
			□Remove
			□Change

). If amen	ding any other information, enter change(s) here: (Altach additional sheets, if necessary.)
_	
_	
_	
(If an effective Note: 11	e date, if other than the date of filing:
f the record ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated A	pril 19 <u>2023</u> .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Robin Jones
	Typed or printed name of signee

Filing Fee: \$25.00