L23000196079

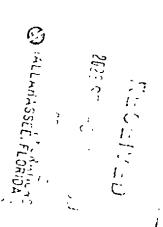
	(Requestor's Name)	
	(Address)	
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	(Address)	
	(City/State/Zip/Phone #)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
	(Business Entity Name)	
	(Soomess Civily Harrie)	
	(Document Number)	
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Special Instructions to	Filing Officer:	

Office Use Only



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[- | L E L) 2023 SEP -6 PM 12: 26



Please use funds from account: I20210000160: \$25.00 **AUTHORIZATION SIGNATURE:** FRESHTRADE LLC L23000196079 Document # Business name Certified Copy Certificate of Status **AMENDMENTS NEW FILINGS** X Amendment **Profit Corp** __Not for Profit ___ Resignation of R.A. ____ Articles of Dissolution Officer/Director ___Limited Liability ___ Change of Registered Agent Revocation of Dissolution Domestication ____Merger Other Conversion CORP Amended and restated Articles LLLP Statement of Authority **OTHER FILINGS** REGISTERATION/QUALIFICATIONS Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name **OTHER** APOSTILLE:

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

(850) 524-5437 (850) 524-6243

TALLAHASSEE, FL 32309

COVER LETTER

. Division of Cor	porations		
FRESHTRA	ADE LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	BERTHA URBINA		
		Name of Person	
	FRESHTRADE LLC		
		Firm/Company	
	7901 4TH ST N STE 300		
		Address	
	ST. PETERSBURG, FL 33	702	
	murbina@thaiium.com	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notif	cation)
For further information co	oncerning this matter, please ca	11:	
Alvaro Lopez		540 326-5981	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	dian

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

TO:

Registration Section

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

FILED

FRESHTRADE LLC

2023 SEP -6 PM 12: 26

(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 $\frac{04/20/2023}{1}$ Florida document number 1.23000196079 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: MILAGROS LA ROSA 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 the provisions of all statutes relative to the proper and complete performance of my duties, and Fam 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>	<u>Address</u>	Type of Action
AMBR	MILAGROS LA ROSA	355 Grand Canal DR, Miami FL 33144	∃ Add
			□Remove
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			□Remove
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Tective date, if other that in effective date is listed, the date inserted in cument's effective date on	ate must be specific an this block does not	d cannot be prior to d meet the applicable	ate of filing or more statutory filing r	than 90 days after equirements, this	filing.) Pur	suant to 6 not be li	05.020 sted a
cord specifies a delayed e s filed.	ffective date, but no	it an effective time,	at 12:01 a.m. on	the earlier of: (b) The 90	th day af	ter the
ted August 31		2023					
	-	")/\	\mathcal{A}		_	\	

Filing Fee: \$25.00