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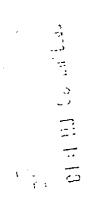
(Requestor's Name)
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(City/State/Zio/Phone #)
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(Document Number)
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· COVER LETTER

Division of Corporations					
	TRADING LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Article	s of Amendment and fee(s) are sub-	amitted for filing			
		<u>-</u>			
Please return all corr	espondence concerning this matter	to the following:			
	GAMBOA. FERMIN				
		Name of Person			
		Firm/Company	·		
	2210 NW 167 AV107				
		Address			
	PEMBROKE PINES, FL	33028			
		City/State and Zip Code			
	fermin_1213@gmail.com				
		(to be used for future annual report notific	ration)		
For further informati	on concerning this matter, please of	call:			
GAMBIA FERMIN		305 4095459	ration)		
Na	me of Person		Telephone Number		
			<u></u>		
Enclosed is a check t	for the following amount:				
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Ad</u> Registration	<u>dress:</u> on Section	<u>Street Address:</u> Registration Sect	ion		
_	of Corporations	Division of Corpo			

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

records.)
and assigned
n "LLC" or the abbreviation "L.L.C."
, 3 '-s
· · · · · · · · · · · · · · · · · · ·
<u> </u>
3.3
enter the name of the new registe
t address

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.

City

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
AMBR	ANDRADE BRACHO MARLY	2210 NW 167 AV107PEMBROKE PINES. FL 33028	} _ ≣ Add
			_ □Remove
		-	_ □Change
			_ □Add
			_ □Remove
			Change
			_ 🗖 Add
			_ □Rêmove
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			_ □Change
			□Add
			□Remove
			_ □Change
			□Add
			□Remove
			_ □Change

amending any other information, enter change(s) here: (Attach additional)	• • • • • • • • • • • • • • • • • • • •

fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day after the
	, a :
ated,	
Signature of a member or authorized representative of	f a member
- /	

Typed or printed name of signee