## L23 000 390 995

(Requestor's Name)			
(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			

Office Use Only



200435415132

US (2), 24--01:156--016 - ++90. 10

PILED
2024 AUG 27 PM 3: 08
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	Trade Sco	ele Capital, L nited Liability Company	l. C.	
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please return all correspo	ndence concerning this matter	r to the following:		
	Danie	Joseph Rodrigue Name of Person	₹	-
	Trad	e Scale Capital	<u> </u>	_
		Firm/Company		
	382 N	E 1915T NUM. 81	7375	
		Address		2021 SE
	Miami	FL 33179 City/State and Zip Code		PCR A
				12 S
	hg@tra	descale capital. Co	M	TAY TO
For further information co	oncerning this matter, please c		meanogy	1024 AUG 27 PM 3: 08 SECRETARY OF STATE SECRETARY OF STATE
Daniel 9	Rodriguet	at ( <u>305</u> )	- 355	
Name of	Person (	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address		Street Address:	:	
Registration Section Division of Corporations		Registration Se Division of Cor		
P.O. Box 6327		The Centre of 7	•	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ile Capital
any as it now appears on our records.) Liability Company)
were filed on $08-32-203$ and assigned
oility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
382 NE 1915+51
Num. 817375 Miami, Fl
33179  382 NE 1915T FILE  NUM. 817375 MBBU BL  33179  address on our records, enter the name of the new registered
, 12,
niel Kodriguez
Enter Florida street address
City Florida 33179 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 Title Name Address **Type of Action** Daniel Rodriguez 380 NE 1915T St Nom-8173750Add
Miami.FL 33179 Remove \_\_\_\_ 🗆 Add

\_\_\_\_\_ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ל.יכ
Mease remove ( Inited States Corp. Aga	uto, Inc
as regisered agent for retrieval of	Files
and update registered agent as Doniel	Rodrigue Z
	Non 817375
	Nom 817275
Earth Class Moul	
	207 SE
) F	CRE AUG
	> N 3755
	7 P
	OF PH
	: 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0
	111
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	.) Pursuant to 605,0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Theorem is filed.	ie 90th day after the
Dated	
Signature of a member or authorized representative of a member	
Jamel Joseph Rodriguez Typed or printed name of signee	
Typed or printed name of signee (	<del></del>

Filing Fee: \$25.00