

L23000441184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

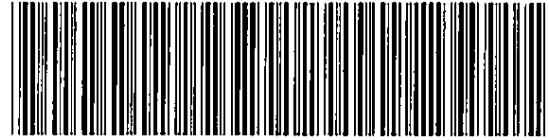
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12/11/23

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 31 PM 3:26

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COVER LETTER

Re: REQUEST FOR CHANGE OF REGISTERED OFFICER ADDRESS AND INCLUDE FULL NAME OF AMBR SOLE OWNER

Dear Sirs,

I would like to request the addition of my second family name, as I initially only put my first and last name. According to my passport, my last name is composed of middle and last name, so officially my last name is "SAHEKI KAWAMURA" and not only "KAWAMURA". The bank requested this change in order to open a business account for my company;

I also would like to request the change of the address of registered agent (the Agent continues to be the same person and signed the amendment). I have sent about 10 days ago this request but since I have to request my name change I am asking again here. It was also a request from the bank (Citibank).

If you have any questions please ask the Registered Agent, Roberto Saeki, cell phone (305) 903-7061.

Many thanks,

Silvia Saheki Kawamura

Miami, October 27, 2023.

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CLERK OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DMS TRADING, 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 09/22/2023 and assigned
Florida document number L23000441184.

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 "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)

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TALLAHASSEE FL

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:

Name of New Registered Agent:

New Registered Office Address:

6170 NW 74TH AVE

Enter Florida street address

MIAMI

City

, Florida 33166

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KAWAMURA, SILVIA	16343 MALIBU DR, WESTON, FL 33326	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAHEKI KAWAMURA, SILVIA	16343 MALIBU DR, WESTON, FL 33326	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL


 T.C. Milli Eğitim, Bilim ve Kültür Bakanlığı
 Türkiye Cumhuriyeti
 Eğitim, Bilim ve Kültür Bakanlığı

(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)

If the record 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 record is filed.

Dated October 26 2023

Signature of a member or authorized representative of a member

SILVIA SAHEKI KAWAMURA

Typed or printed name of signee