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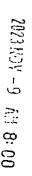
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

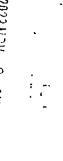
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			.
Lilix Tradin	g LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lilian S Valentim		
	,	Name of Person	
	Lilix Trading LLC		
	- 1412	Firm/Company	
	11949 Brighton Knoll Loo	p	
		Address	
	Riverview FL 33579		
		City/State and Zip Code	
	lilixtrading@outlook.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	mication)
Lilian S Valentim		440 665 1554	
Name c	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Fifing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	<u>ss:</u>	Street Address:	
Registration		Registration S Division of Co	
Division of C P.O. Box 633		The Centre of	
Tallahassee,		2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liliax Trading LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L23000475039	on 10/16/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
Lilix Trading LLC	
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:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	202
Enter new mailing address, if applicable:	م
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
Cig	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in	a this capacity. I further agree to comply with th

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>	Type of Action
		<u></u>	
			Remove
			□Change
			□Add
			[]Remove
			☐ Change
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Effective date, if other th	un the date of fili	ina-		(optiona	JN
fan effective date, it binter ti	date must be specific a n this block does not	ind cannot be prior to t meet the applicab	date of filing or more to the statutory filing re-	han 90 days after tili	ng.) Pursuant to 605.0207
Note: If the date inserted i	in the Department of				
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Note: If the date inserted indocument's effective date of the effe		oot an effective tim 2023	ie, at 12:01 a.m. on tl	he earlier of: (b)	The 90th day after the
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Filing Fee: \$25.00