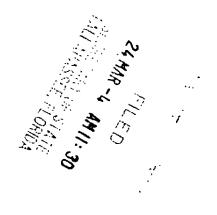
L24000093477

(R	equestor's Name)
(Á	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	E
	MA TO THE
	Office Use Only



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COVER LETTER

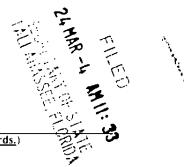
TO:

Registration Section

Division of Cor	porations		
2024002 LI	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
rease retain an correspo	macree concerning this matter	to the following.	
	Alex Nikitin Oksana Nikit	ina	
		Name of Person	
	2024 TRADE LLC		
		Firm/Company	
	6387 NW 120TH DRIVE		
		Address	
	CORAL SPRINGS, FL 33	076	
		City/State and Zip Code	
	2024002aa@gmail.com	to be used for future annual report noti	All and the same
Can found and in formation of			arcation)
	oncerning this matter, please c	ait;	
Alex Nikitin		754 2098765 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Addres	····	Street Address:	
Registration S	Section	Registration Se	ction
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee, 1			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2024002 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		7
The Articles of Organization for this Limited Liability Compar	y were filed on $\frac{02/22/202}{}$	4 and assigned
Florida document number 1.24000092477		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	on "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)		
		
B. If amending the registered agent and/or registered office	addroee on our recorde	anter the name of the new registe
o. It amending the registered agent and/or registered office address here:	address on our records	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and as	gree to act in this capaci	y. I further agree to comply with

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 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
MGR	Alex Nikitin	6387 NW 120TH DR CORAL SPRINGS, FL 33076	□Add
			Remove
			□ Change
MGR	Oksana Nikitina	6387 NW 120TH DR CORAL SPRINGS, FL 33076	□Add
			Remove
		6387 NW 120TH DR CORAL SPRINGS, FL 33076	□Change
AMBR	2024 TRADE LLC	0367 NW 120111 DR CORAL SPRINGS, FL 35076	= Add
			□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
<u>.</u>			□Add
		· · · ·	□Remove
		<u> </u>	□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
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E. Effec (If an et Note:	tive date, if other than the date of filing: (O2/23/2024 (optional) Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
If the reco record is f	rd 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 iled.
Dated	
	Offin Da
	Signature of a member or authorized representative of a member

Typed or printed name of signee