L24000093774

(Requestor's Name)	
(Address)	
(Áddress)	
(City/State/Zip/Phone #)	<u> ,</u>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
JUL 1 2 2024	i





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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK UP	: BROOK 7/11
XX	CERTIFIED COPY PHOTOCOPY	
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XX	FILING	LLC AMEND
1.	SAX TRADING LLC (CORPORATE NAME AND DOCUMEN	VT #)
2.	(CORPORATE NAME AND DOCUMEN	ŸΤ #)
3.	(CORPORATE NAME AND DOCUMEN	VT #)
4.	(CORPORATE NAME AND DOCUMEN	<i>ζ</i> (Γ #)
5.	(CORPORATE NAME AND DOCUMEN	VΓ#)
6.	(CORPORATE NAME AND DOCUMEN	·
SPECIA	L INSTRUCTIONS:	

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

SAX TRADING LLC

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

	A Florida Limited	Liability Company)	1/ 1/2		
The Articles of Organization for this Limited Liability Company were filed on 02/22/2024			and assigned		
Florida document number L24000093774					
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited lial	bility company here:			
N/A					
The new name must be distinguishable and contain the we	ords "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	ıble:	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our records, enter th	e name of the new register		
Name of New Registered Agent:	N/A				
New Registered Office Address:		Enter Florida street address			
		Emer r tortaa street aaaress			
		, Flori	da		
		City	Zip Code		

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
MGR	Elton Macedo de Oliveira	6925 Sugarbush Dr	■ Add
		Orlando, FL 32819	□Remove
			□Change
AMBR	FXE Holdings LLC	16192 Coastal Hwy	□Add
		Lewes, DE 19958	■Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
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cord specifies a delayed effe	ective date, but not an effect	ive time, at 12:0)1 a.m. on the earlier	of: (b) The 90th day after	the
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Typed or printed name of signee