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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

Enter the email address for this business entity to be used for future 2 annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UTILE TRADE LIMITED LIABILITY COMPANY

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M. SOLOMON

SEP 1 1 2024

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

on Section f Corporations			
E TRADE LIMITED LIABILIT	Y COMPANY		
Name of	Limited Liability Company		
es of Amendment and fee(s) are	submitted for filling.		
respondence concerning this ma	atter to the following:		
AZIZUL HAKIM RAI	FI		
· · · · · · · · · · · · · · · · · · ·	Name of Person		_
UTILE TRADE LIMI	TED LIABILITY COMPANY		2024 SECTA
	Firm/Company		
2806 TROPIC RD			2024 SEP II AMII: 38 SECRETARY OF STATE TALLAHASSEE, FL
	Address		
MELBOURNE, FL 32	935		STATES
AIMET@EXPRESSTA	City/State and Zip Code		- ਜ਼ਿੰ ≎
E-mail addre	ess: (to be used for future annual report	t notification)	
ion concerning this matter, plea	se call:		
RAFI		9	
nme of Person	Area Code Da	nytime Telephone Numbe	er
for the following amount:			
ce ☐ \$30.00 Filing Fee & Certificate of Status		Certified	ate of Status &
ddress; ion Section of Corporations	Registration Division of	Section Corporations	
	ETRADE LIMITED LIABILIT Name of es of Amendment and fee(s) are respondence concerning this ma AZIZUL HAKIM RAI UTILE TRADE LIMI 2806 TROPIC RD MELBOURNE, FL 32 AIMET@EXPRESSTA E-mail addression concerning this matter, please CAFI ame of Person for the following amount: ce \$30.00 Filing Fee & Certificate of Statu	Part of Limited Liability Company Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: AZIZUL HAKIM RAFI Name of Person UTILE TRADE LIMITED LIABILITY COMPANY Firm/Company 2806 TROPIC RD Address MELBOURNE, FL 32935 City/State and Zip Code AIMET@EXPRESSTAXSVCS.COM E-mail address: (to be used for future annual reportion concerning this matter, please call: AFI at (ETRADE LIMITED LIABILITY COMPANY Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: AZIZUL HAKIM RAFI Name of Person UTILE TRADE LIMITED LIABILITY COMPANY Firm/Company 2806 TROPIC RD Address MELBOURNE, FL 32935 City/State and Zip Code AIMET@EXPRESSTAXSVCS.COM E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: AFI at (

company has been notified in writing of this change.

From; Aimet Arenas

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UTILE TRADE LIMITED LIABILITY COMPANY			
(Name of the Limited Liability Compa (A Florida Limited I	ny a <u>s It now appears on our rec</u> Liability Company)	<u>:ords.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000110464</u>	were filed on 03/04/2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	LLC" or the abbreviation L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		SEE'S I	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		rti 00	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registere	
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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

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>	Address	Type of Action
AMBR	TAIFUL HAKIM	739 W NEW HAVEN AVE	
		MELBOURNE, FL 32901	ERemove
			☐ Change
			□Add
			□Remove
			202mge → □ □ Ser
		<u> </u>	NEW DYNG
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 9 le statutory filing require	(optional) 0 days after filing.) Pursuar iments, this date will not	nt to 605.0207 (be listed as th
e record specifies a delayed effective rd is filed.	date, but not an effective tim	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th d	lay after the
SEPTEMBER 10 Dated	2024			
	zizul Hakim Raj	· L		
~ ~	Jac y warm ruly	zed representative of a mem		

Filing Fee: \$25.00

Typed or printed name of signee