Florida Department of State Division of Gorporations Slectronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000019782 3)))



H250000197823ABC1

To:			
	Division of Corporations		
	Fax Number	: (850)617-6383	
From:			
	Account Name	: REGISTERED AGENTS INC.	
	Account Numbe	er : 120090000081	
	Phone	: (307)200-2803	
	Fax Number	: (813)436-5206	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FJ TRADING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

CHIEF STATES

1/16/2025 12:25:04 PST To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FJ Trading LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L24000141741</u> .	y were filed on 03/22/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		. 702:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		••
B. If amending the registered agent and/or registered office	address on our records, enter the na	ame of the new register
agent and/or the new registered office address here:	69	- M
Name of New Registered Agent:		
New Registered Office Address:	Farm Florida many all	
	Enter Florida street address	
	, Florida	
	Cuy	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.

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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>	Name	Address	Type of Action
MGRM	Aaron Misael Acosta	7901 4TH ST N STE 300	☑ Add
		ST. PETERSBURG, FL 33702	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			F]Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			∐Add
			□Remove
			🗀 Change

	·		
Note: If the date inserted in thi	the date of filing:	o date of filing or more than 90 days a ble statutory filing requirements,	
If the record specifies a delayed efferecord is filed.	ctive date, but not an effective tin	ne, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated JAN 16	2025		
Marso	Signature of a member or author	ized representative of a member	
Nat Smith			

Typed or printed name of signee