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To:

Division of Corporations

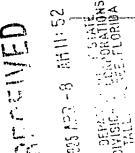
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JARA TRADING LLC

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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

## **COVER LETTER**

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SUBJECT:		RADING LLC	
SUBJECT.	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	_	
	LOVETTE DOBSON		
		Name of Person	<del> </del>
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		1 888462 at () Area Code Daytim	23453
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JARA TR	ADING LLC	~71.	The state of the s
(Name of the Limited Liability Comp. (A Florida Limited	any a <b>s it now appe</b> ar Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	02/28/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	• • •	•	
Enter new principal offices address, if applicable:	1150 Nw 72nd A	Ave Tower 1 Ste 455	#20201
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 3312	6	
		, -+ ·- ·	
Enter new mailing address, if applicable:	1150 Nw 72nd A	Ave Tower 1 Ste 455	#20201
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3312	6	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	2		
	Circ	, Florida	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.

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: (((H25000127740 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LORENA C JARA	1150 Nw 72nd Ave Tower 1 Ste 455 #20201	□Add
		Miami, FL 33126	□Remove
		- 4	■ Change
MGR	XAVIER R JARA	1150 Nw 72nd Ave Tower 1 Ste 455 #20201	□Add
		Miami. FL 33126	🗆 Remove
			<b>≡</b> Change
			□Add
			Remove
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tive date, if other than fective date is listed, the date It the date inserted in thi ment's effective date on the	must be specific and ca s block does not mee	nnot be prior to date It the applicable st	OF HUNG OF THORE I		Himg.) Pursuant to 605.02