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2024 NOV 13 PM 5: 02 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Division of Cor	porations				
	ESTMENTS LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	PABLO SOCORRO NUN	JEZ			
		Name of Person			
		Firm/Company			
	10255 SW 62ND ST				
		Address			
	MIAMI, FL 33173			(5	
	psocorro@irerd.com	City/State and Zip Code		2024 NOV 13 PM 5: 02 SECRETARY OF STATE TALLAHASSEE, FL	
	E-mail address: (to be used for future annual report notifi	cation)	A	ut rap
For further information c	oncerning this matter, please co	all:		IS I	
PABLO SOCORRO NU	NEZ	809 481-3572 at ()		OF S	4 I
Name o	f Person		Telephone Number	2024 NOV 13 PM 5: 02 SECRETARY OF STATE TALLAHASSEE, FL	`~
Enclosed is a check for th	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 For Certificate of Societified Copy tadditional copy is	Status &	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIPA INVESTMENTS LLC	
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 06/03/2024 Florida document number L24000252694	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
NIPA GLOBAL TRADING LLC	
The new name must be distinguishable and contain the words "Limited Liability 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)	
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 t agent and/or the new registered office address here:	SECRETARY OF STALLAHASSEE, Ferimered
agent and/or the new registered office address here.	111
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Flor	rida
City	rida
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 furt provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F	l I am familiar with and

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>	Address	Type of Action
			Remove
			□Change
			□Remove
			□Change
			□Add
			□ Add
			☐Change
			□ Add
			□ Remove
			□Change
			DAdd
			□ Remove
			□ Change
			□Remove
			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		ECRETARY OF STATE TALLAHASSEE, FL	נון אי נ
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<u>Note</u>	ctive date, if other than the date of filing:	5.0207 (3)(b) led as the)
If the record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte filed.	r the	
Date	d NOVEMBER 06 . 2024 .		
	Signature of a member eauthorized representative of a member		
	Paplo Socoro Nines		

Filing Fee: \$25.00