# orida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : I20170000039 Phone : (407)301-2659 Fax Number : (407)845-0320

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

Email Address: brenda, mas a uc/ com

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#### **COVER LETTER**

TO:				
STIR IE.	Exhance Eli	te Trading LLC		
30141	···	Name of Lin	lited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	adence concerning this matter	to the following:	
		Gilbert Cruz Jr		
			Name of Person	
			Firm/Company	<del></del>
	Name of Person  Firm/Company  13701 Devlin C:  Address  Orlando, FL 32837  City/State and Zip Code exchangeelitetracling@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  a Mas  407  Area Code  Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee  1 \$30.00 Filing Fee & Service Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Malling Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Eight Address:  Registration Section Division of Corporations The Centre of Tallahassee  2415 N. Monroe Street, Suite 810			
			Address	for filing.  following:  Name of Person  Firm/Company  Address  State and Zip Code  dof future annual report nonfication)  407 3012659 at (
		Orlando, FL 32837		
	Exhance Elite Trading LLC    Name of Limited Liability Company			
		E-mail address: (	to be used for future annual report notificati	on)
For furth	ner information co	oncerning this matter, please c	all;	
Brenda i	Mas			
	Name of	Person	Area Code Daytime Tel	ephone Number
\$25.	00 Filing Fee	i \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registration S Division of Co P.O. Box 632	ection orporations 7	Registration Section Division of Corpora The Centre of Talia	ations hassee reet, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exhange Elite Tranding L.L.C				
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on o	ur records.)	
The Articles of Organization for this Limited I	Liability Company	y were filed on 01/02/20	25	and assigned
Florida document number L25000005440	<del></del> .			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	f the Emited liab	bility company here:		
EXCHANGE BLITE TRADING LLC				
The new name must be distinguishable and contain the	words "Limited Linbi	ility Company," the designati	ion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applie	able:	13701 Devlin Ct	u.	
(Principal office address MUST BE A STREE	T ADDRESS)	Orlando FL 32837		
				~ ~
				ā
Enter new mailing address, if applicable:				***
(Mailing address MAY BE A POST OFFICE	BOX)			<u>-</u>
				1
D. Marine V.				:
B. If amending the registered agent and/or r agent and/or the new registered office addre	egistered office :	address on our records	, enter the name of	the new registered
	is neve.		<i>6</i> 5°	ထိ
Name of New Registered Agent:			(°J	
Matrix of Ivew Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	13701 Devlin C			
		Enter Florida stree	address	
	Oralndo		, Florida <sup>32837</sup>	
		City		p 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:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Петоче
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Mective date, if other than the can effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	ek does not meet the t	applicable statutor	g or more than 90 days after y filing requirements, the	onal) r filing.) Pursuant to 605.02 s date will not be listed
record specifies a delayed effective is filed.	date, but not an effec	tive time, at 12:01	a.m. on the earlier of: ()	b) The 90th day after th
ated January 15	2025	·		
	ignature of a member of			

Filing Fee: \$25.00