

L25000227207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

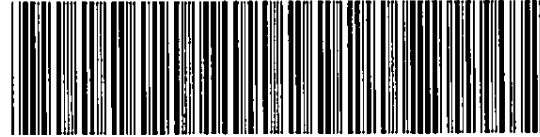
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

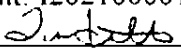
2025 SEP 17 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 SEP 17 PM 10:53

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: I20210000160: \$25.00

Authorization Signature 

_Trades Integrated LLC L25000227207

Business

Document Number

WALK-IN

 Certified Copies of the Articles of Organization

 Certificate of Status:

NEW FILINGS

 Profit
 Not for Profit
 LLC
 Domestication
 INC
 CORP
 PLLC

AMENDMENTS

 X Amendment
 Resignation of R.A.
 Change of Registered Agent
 Revocation of Dissolution
 Conversion
 Reinstatement
 Merger
 REVOCATION OF DISSOLUTION

OTHER FILINGS

 TRANSMITTAL LETTER
 Fictitious Name
 Statement of Authority
 TRADEMARK

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstated Articles of Organization
 Statement of Authority

 Other

 Domestication of a Foreign Corp_

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trades Integrated LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lazara Ors

Name of Person

Lz

Firm/Company

4251 34 St N

Address

St Petersburg, FL 33714

City/State and Zip Code

lazors53@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lazara Ors

Name of Person

at (727)

Area Code

220-9109

Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2025 SEP 17 AM 10:13

Trades Integrated LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/13/2025 and assigned
Florida document number L25000227207

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Trade Properties Holding 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)

4251 34 St N
St Petersburg, FL 33714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4251 34 St N
St Petersburg, FL 33714

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
FALLS CHURCH, VIRGINIA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 16, 2025

Signature of a member or authorized representative of a member

Roger Ors

Typed or printed name of signee

Filing Fee: \$25.00