

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARKO & MAGOLNICK, P.A.
Account Number : I20050000186
Phone : (305)285-2000
Fax Number : (305)285-5555

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

Email Address: michael@mm-pa.com

RECEIVED
2025 JAN -2 PM 2:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOTTLECAPS CO. LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2025 JAN -2 PM 2:47
FBI

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Bottlecaps Co. LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M24000006250

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5/16/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Amma Trading LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Michael Bartley

Signature of the authorized representative

Michael Bartley

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BOTTLECAPS CO. LLC", CHANGING ITS NAME FROM "BOTTLECAPS CO. LLC" TO "AMMI TRADING LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2024, AT 2:24 O'CLOCK P.M.



2594788 8100
SR# 20244295886

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204968462
Date: 11-25-24

DocuSign Envelope ID: DFB10D79-02AA-44AB-85AD-A8F192E9BC2B

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
BOTTLECAPS CO. LLC**

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

- 1) Name of limited liability company: Bottlecaps Co. LLC.
- 2) The Certificate of Formation of the limited liability company is hereby amended by deleting the first section thereof in its entirety and replacing it with the following:

"1. The name of the limited liability company is Ammi Trading LLC."

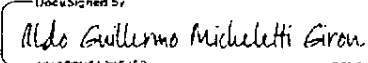
- 3) This Certificate of Amendment shall become effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on October 24, 2024.

BOTTLECAPS CO. LLC

By: AMMI LLC, its Sole Member

By: Legacy One Trust (f/k/a Aldo Guillermo Micheletti Giron 2023 Revocable Trust), its sole member

By: 
Name: Aldo Guillermo Micheletti Giron
Title: Trustee