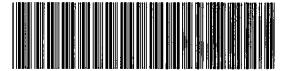
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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

B. BOSTICK
JAN 1 9 2011
EXAMINER

COVER LETTER

		r			
ECT:	G6	Stocks LLC			
	Name of Lim	ited Liability Company		-	
closed Articles	of Amendment and fee(s) are su	bmitted for filing.			
return all corres	pondence concerning this matte	r to the following:			
		Malachy Beare		_	
		Name of Person			
		G6 Stocks, LLC			
		Firm/Company	'''	_	
		26 Minot Street #2	•		
		Address	• • • • • • • • • • • • • • • • • • • •	_	
		Boston MA 02122		TALLL	
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	les E-mail address: (lie@stockgoodies.com to be used for future annual report no	tification)	. SSE 00	Carrier of
her information			·	PM 12: OF STA	i i
M	lalachy Beare	at (617)	669-9732		
Name of Person			ime Telephone Numb		
d is a check for	the following amount:				
00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certific ed) Certifie	ate of Status & ed Copy	I)
	Division of Control CCT:	Name of Lim closed Articles of Amendment and fee(s) are sureturn all correspondence concerning this matter les E-mail address: (her information concerning this matter, please of Malachy Beare Name of Person d is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee &	CCT:	CT:	Division of Corporations GG Stocks LLC Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. The setum all correspondence concerning this matter to the following: Malachy Beare

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G6_	Stocks, LLC		
(<u>Name of the Limited Liability</u> (Λ Florida Li	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	08/26/2010	and assigned
Florida document numberL10000089651			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRI	ESS)	7	
			<u> </u>
Enter new mailing address, if applicable:		>> '	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on o	our records, enter th	P
Name of New Registered Agent:			
New Registered Office Address:		The should be all	
	En	ter Florida street addr	ess
	City	, Florida	Zip Code
	City		zip Coae

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name** Type of Action Address MRGM MCDADE, MICHAEL 602 EAST CORBETT ST. ☐ Add HOBBS NM 88240 US √ Remove MRGM LESLIE STIGALL 108 E MADISON STREET MARSHFIELD MO 65706 Remove Remove Add Remove ∐Add ⊷ Remove.... D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE SEE ENCLOSED ARTICLES OF OPERATION TO REPLACE PREVIOUS ARTICLES OF OPERATION **JANUARY 1ST** Dated_ Signature of a member or authorized representative of a member MALACHY BEARE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00