

L09000081796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

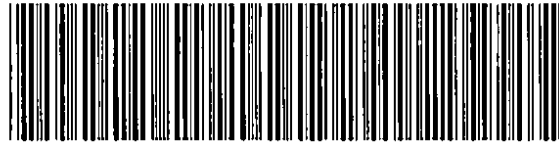
(Business Entity Name)

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TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: July 21, 2017

Name: Marisa Kugelman

Reference #: D304908

Entity Name: TRADER INTERACTIVE, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other Certified Copy upon filing

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Authorized Amount: \$55.00

Signature: *Marisa Kugelman*

• CORPORATE HQ
COGENCY GLOBAL INC
10 E 40 ST 10 FL
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800.771.0107
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
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INCORPORATED IN U.K.
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LONDON EC3A 7BA
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• ASIA PACIFIC HQ
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A HONG KONG LIMITED COMPANY
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+852.3975.1803



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Date: July 21, 2017

Account#: I20000000088

Name: Marisa Kugelmann

Reference #: D304908

Entity Name: TRADER INTERACTIVE, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other Certified Copy upon filing

Authorized Amount: _____

Signature: _____

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• CORPORATE HQ
COGENCY GLOBAL INC.
10 E. 40th ST., 10th FL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trader Interactive, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Thomas C. Inglima
Name of Person
Wilcox & Savage, P.C.
Firm Company
440 Monticello Avenue, Suite 2200
Address
Norfolk, Virginia 23510
City, State and Zip Code
tinglima@wilsav.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Thomas C. Inglima 757 628-5505
Name of Person Area Code 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)

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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**

Trade: Interactive, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/24/2009 and assigned Florida document number 10900081756

This amendment is submitted to amend the following:

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

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: _____

PO Box 3096, Norfolk, VA 23514

(Mailing address MAY BE A POST OFFICE BOX) _____

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

_____, Florida

City

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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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Guy R. Friddell, III	150 Granby St, Norfolk, VA 23510	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jack J. Ross	150 Granby St, Norfolk, VA 23510	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lori Stacy	150 Granby St, Norfolk, VA 23510	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles Goodwyn	150 Granby St, Norfolk, VA 23510	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 July 14 2017

Lon Stacy
Signature of a member or authorized representative of a member

Lon Stacy
Typed or printed name of signer

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