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SECRETARY OF STATE
DIVINES OF COPPORATIONS

JAN 2 5 2013

T. HAMPTON

# COVER LETTER ·

TO: Registration Section Division of Corporations	
SUBJECT: THE TRADING Name of I	GROUP, LLC
Name of 1	imited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
_Ms. Do	LORES P. DUKE
T1/- T	and inc Carlo III
_//E/K	Firm/Company
19087 3	SUJ 92 LOOP Address
,	Address
DUNNEL	City/State and Zip Code
DOLORES E-mail addre	SS: (to be used for future annual report notification)
For further information concerning this matter, please	se call:
DOLORES P. DUKE	at 352) 207-7477 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephoné Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee   □\$30.00 Filing Fee & Certificate of State	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Cast Copy (additional copy is enclosed)  Cast Copy (additional copy is enclosed)

### 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

	ROPP, LIC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our recor Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Company	were filed on SPF. 17		
Florida document number <u>L0000006/0.5</u>			
		100 A	
This amendment is submitted to amend the following:		T SS	
A. If amending name, enter the new name of the limited lial	bility company here:	2: 48	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	19087 SW9	2 LOOP 1 F/ 34432	
(Principal office address MUST BE A STREET ADDRESS)	DUNNELLON	1 F/ 34432	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	(SAMES)	AS ABOVE)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address		
·		rida	
	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 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 Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Name** <u>Address</u> Type of Action JOHN L. DUKE Remove Remove Add Remove Remove

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

D. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)
	ALRED J. PONTON ("AL")	ADD
	DANIEL R. PONTON	ADD
	ANTHONY E PONTON ("TONY")	ADD
	STELLA N. PONTON ("Noni)	ADD
Dated _	1/19/2013	
	Dolores P. Duke	
	Signature of a member or authorized representative of a member	
	DOLORES P. DUKE Typed or printed name of signee	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00