## L03000004225

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Special Instructions to Filing	g Officer:			





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10 MAR 19 AM 9: 02 SECRETARY OF STATE TALLAHASSEE; FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: DIP Trading Group, LLC  Name of Limited Liability Company					
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:					
Vincent C. Manopoli  Name of Person  Name of P					
Name of Person					
19314 Kin Pala CA.					
Firm/Company					
19314 King Pula Ct Address					
O Address					
Bock Raton FL 33498  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Visit C May 201: (54) 706-1126					
Vincent C. Mano pali at (561) 706-1126  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

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

## **STREET/COURIER ADDRESS:** Registration Section

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



January 20, 2010

D&P TRADING, L.L.C. 19314 KING PALM COURT BOCA RATON, FL 33498

SUBJECT: D&P TRADING, L.L.C. Ref. Number: L03000004225

We have received your document for D&P TRADING, L.L.C. and check(s) totaling \$837.50. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$971.25.

There is a balance due of \$133.75.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 510A00001470

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 MAR 19 AM 9: 02

(Name of the Limited Liability Compa	rading LIC	SEURE TARY	OF STATE.
(Name of the Limited Liability Compa (A Florida Limited	any as it <b>(W</b> w appears o Liability Company)	<u>on our records)</u> )) <u>t</u>	E, FLORIDA
The Articles of Organization for this Limited Liability Company	y were filed on _ O2_	/04 / 03	and assigned
Florida document number <u>L 0 3 0000 4 2 25</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
D& P Trading Group	LLC		
The new name must be distinguishable and end with the words Limit.L.C."	ited Liability Company,	" the designation,"	LLC" or the abbreviation
Enter new principal offices address, if applicable:	19314 K	ing Palu	<u>Ժ</u>
(Principal office address MUST BE A STREET ADDRESS)	19314 K	tan , FL	33498
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19314 Kin	n Pulm Ct	3498
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:	C. Munopoli	····	
New Registered Office Address: /93/4 /	C. Munapsi.  Sim Pala C.  Enter	<b>† .</b> Florida street add	lress
_Boen_	Rato-	, Florida	33493
	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

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 = Ma ' MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar.	Vincent C. Managoli	19314 King Palact Boom Putoli FL 33488	Add Remove Opdute
Mar	Greg J. Cryan	680 Glen Over Dunia Alphanetta GA 30004	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.	) ——
			FILED 10 MAR 19 AM SECRETARY OF FALLAHASSHE, F
Dated	March 17 , 20	1D	AM 9: 02 Y OF STATE
	Signature of a method Vincent C. Main Typed	of printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00