L04000020100

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divisi	ion of Cor	porations	•	
SUBJECT:	Modern Sci	ribe, LLC		¢.
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		William Kerr		
			Name of Person	
		Modern Scribe, LLC		
			Firm/Company	
		PO Box 756		
			Address	
		Anna Maria, FL 34216		
			City/State and Zip Code	
		bill@modernscribe.com		1,0
			to be used for future annual report	notification)
For further into	ormation c	oncerning this matter, please ca	all:	
William Kerr			239 935-547 at ()	2
Name of Person		Area Code Da	ytime Telephone Number	
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fil	ing 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)
	ng Addres stration S		Street Address	
-		orporations	Registration Division of (Corporations
	Box 632	•		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modern Scribe, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on March 16, 2004	and assigned
Florida document number L04000020100		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
CloudTrader, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
The space of the s	11277 112557	_
	-	•
F		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		_
	istered office address on our records, <u>enter the na</u>	
agent and/or the new registered office address	<u>here</u> :	752
Name of New Registered Agent:		<u> </u>
		多平岩
New Registered Office Address:	Enter Florida street address	1:37
	Taracta i tara con con laceta con	OF STAT
	, 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 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>	Address	Type of Action
			□Add
			□Remove
			Change
<u></u>			□Add
			□Remove
			Change
		<u></u>	□Add
			□Remove
			□ Change
			□Add
			□Remove
<u>.</u>			□ Add
			Remove
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			□Remove
			□Change

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fective date, if o	ther than the dat	e of filing:			(o ₁	ptional)	
	ted, the date must be						
	erted in this block date on the Depar			statutory filing	requirements,	this date will not	t be fisted as
	•						
	elaved effective da	te hut not an e	ffective time	at 12:01 a.m. o	n the earlier of	· (b) The 90th c	lay after the
record specifies a d		.c. out not an c	ricetive time,	a 12.01 a.m, o	ii tile carrier or.	. (b) The 70th c	iay anter the
record specifies a d	emped effective da						
	engea enceure da						
is filed.		20)21				
is filed. November 10		 ,	·				
is filed. November 10		 ,	·				
is filed. November 10		 ,	·	I representative o	of a member		

Filing Fee: \$25.00