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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporati		NC)
SUBJECT: Kakadu Tradi	ng LLC	
	(Name of Limited Liability Company)	
The enclosed Articles of Amend	Iment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
Bre	ett Gorman	
	(Name of Person)	
<u>Ka</u>	kadu Trading LLC (Firm/Company)	
12	9 Spring Glen Drive	
	(Address)	
De	ebarry FL 32713	ZOD TAI
	(City/State and Zip Code)	LCR &
For further information concern	ing this matter, please call:	FILEU 2008 APR -1 AMII: 2 SECRETARY OF STATE TALLAHASSEE.FLORII
Brett Gorman	at ( 407 ) 281-9809	FS E
(Name of Perso		II: 21 DRIDA
Enclosed is a check for the follo	wing amount:	
\$25.00 Filing Fee \$5	(additional copy is enclosed) Certified	te of Status &

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

Kakadu Trading LLC (Name of the Limited Lia	bility Company as it now appears o	n our records.)	<del></del>		
(A Flo	orida Limited Liability Company)				
The Articles of Organization for this Limited Liabil	lity Company were filed on Feb. 2	2, 2007	_ and ass	signed	
Florida document number <u>L0400078287</u>					
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company here:				
The new name must be distinguishable and end with the 'L.L.C."  B. If amending the registered agent and/or		T 5	ECRET	a Aga '	7
registered agent and/or the new registered office		records, <u>enter var</u>	∺≺	MII: 2	EU
Name of New Registered Agent:	<u> </u>		<u> </u>		—
New Registered Office Address:	(Ente	r Florida street addr	ess)		_
	. Florida				
-	(City)	, rioriua	(Zip Cod	de)	_

## 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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Barry Gershman	5030 Whitewater Way St. Cloud: FL 34771	Add Remove
	<u></u>		Add Remove
. <del></del>			Add Remove
			SECRETARIAS RELIGION OF THE SE
<del></del>			FE Add
	<del></del>		Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary	<u></u>
Dated Feb	. 2,	97	
	Barry Gershman	ber or authorized representative of a member	
	Tyl	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00