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EXAMINER

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SECREMAN AND TATE

COVER LETTER

TO: () Registration S Division of Co	Section orporations	· #4.	v.	
SUBJECT:	Trade Way Co	mmerce Partners, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		William R. Maute, III		
		Name of Person		
		Firm/Company		
	312	0 Winkler Ave. Ext., #30		
		Address		
	Fort Myers, FL 33916			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notifies	ation)	
For further information	concerning this matter, please o	call:		
Thoma	as M. Dryden, Esq	ui ()	37-2001	
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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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 W	ay Commerce Partners	, LLC		
(<u>Name of the Limited I</u> (A F	iability Company as it now appear Torida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lial		11/08/2005	and assig	gned
Florida document numberL050001103				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	iny," the designation "	LLC" or the ab	breviation
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
	 			
B. If amending the registered agent and/or registered agent and/or the new registered officers.		our records, enter	the name of	the new
the state of the new registered offi	ee uddress nere.		TAL TAL	
Name of New Registered Agent:				er / W
New Registered Office Address:		ter Florida street add		in manager.
	En	, Florida	The P	
•	City	, rioŗiua	SZip Cöde	**************************************
Now Degistered Agent's Signature if changing De	gistared Agents		©m ω	

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	4-M Management, L.C.	3120 Winkler Ave. Ext #30 Fort Myers, FL 33916	Add ✓ Remove —			
MGRM	4M Management, LLC	3120 Winkler Ave. Ext #30 Fort Myers, FL 33916	✓ Add ☐ Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)				
			_			
			_			
			- -			
Dated	Signature of a member of	wte II mg/ or authorized representative of a member				
-	Typed o	or printed name of signee				

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Filing Fee: \$25.00