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08 JAN -7 PH 3: 20
SECRETARY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRADE Funding UC. (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:
Antoin E Euse be (Name of Person) TRADE Funding LIC (Firm/Company) 18810 Lengure 8RIVE (Address) MIAMI, FL 3315-7 (City/State and Zip Code)
For further information concerning this matter, please call: Andrew Euse be at (305439-2592. (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum_{\$25.00}\$ \text{Filing Fee & Signature} \square \text{S55.00 Filing Fee & Certificate of Status} \square \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \square \text{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
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

08 JAN -7 PM 3: 20
SECRETARY OF STATE

	OF	ALLAMASSEE FLORIDA
	ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabin Florida document number	ility Company were filed on	23/2007 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the EA2Y Home. The new name must be distinguishable and end with the "L.L.C."	REPAIRS CL	ub, International, LL
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	H/A- (Ente	er Florida street address)
- -	(City)	, Florida(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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u> ∫	<u>Address</u>	Type of Action
	N/A		Add Remove
			Add Remove
	·		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
D. If amer	a) /A	change(s) here: (Attach additional sheets, if necessa	ry.)
- - - Dated <u>J</u>	Anuary 3rd,	2057	OB JAN-7 PH 3: 20 SECRETARY OF STATE TALL AHASSEE FLORIDA
	· · · · ·	member or authorized representative of a member 10 (NL EUSL bL) Typed or printed name of signee	<u> </u>

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Filing Fee: \$25.00