L08000053308

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08 JUN 17 PHI2: LG

J. BRYAN

JUN 1 8 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co		•		
SUBJECT:	GOBAL (Name of Lim	E-TRADERS ited Liability Company)	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	201	S Falaschi (Name of Person)		
		(Firm/Company)	····	SECRETON (
		(Address)		SECRETARY OF STATE STATE STATE OF CORPORATION OF CORPORATION OR JUN 17 PM 12: 43
		(City/State and Zip Code)		TATE RATIONS
For further information of	concerning this matter, please c	all: at 98 9 24 <i>8 6</i>	000	, ,
(Name	of Person)	(Area Code & Daytime T		
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is	

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

OF	· ·		王 爱
GOBAL E-	TRADER 5	LLC	H 12: 43
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company	were filed on05	29/08	and assigned
Florida document number080000.53308.	•	•	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liabil		110	
GLOBAL E-TA	LADERS		
The new name must be distinguishable and end with the words "Limite "L.L.C."			or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	The state of the s		
Enter new mailing address, if applicable:	····		
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered office address here:		ecords, enter the n	ame of the new
Name of New Registered Agent:			
New Registered Office Address:	/Eptor E	lorida street address	.}
	(isiner r)	oriuu sireet uuuress _,	,

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

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

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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			Add Remove			
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			Add Remove			
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			Remove			
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D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	80 14/10			
_			SECRETAR DIVISION OF 0			
_			FILED TARY OF OF CORP 17 PM			
_			PORATIONS H IZ: 48			
Dated	0:	—// /				
		or authorized representative of a member	, , , , , , , , , , , , , , , , , , , 			
	L					
	Typed	or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00