## L08000073223

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(Address)					
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08 AUG -4 AM IO: 37
SECRETARY OF STATE
AND ANASSEE FLORID

## **COVER LETTER**

Division of Co	rporations		
CUBIECT, DDOME			
SUBJECT: PROMT	(Name of Lim	ited Liability Company)	
,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Johns Lahmi		
		(Name of Person)	
		(Firm/Company)	
	10000 West Bay Harbor	Drive,Unit 422	
		(Address)	
	Bay Harbor Islands, Flori	da 33154	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Johns Lahmi		at ( 786 ) 282-5400	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for t	he following amount:		
<b>☑</b> \$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 Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 AUG -4 AM IO: 37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROMTRADE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on 7/30/2008	and assigned	
Florida document number <u>1.08000073223</u>			
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here:		
Tradeprom, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the c	lesignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address), 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 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>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			<del></del>
			Add Remove
			Add Remove
			Add
			Add Remove
·			Add Remove
D. Ifameno	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	
		HXSS	
		- n- p	AM IO: 37
Dated	July 31st, 2a	08. Adal 7	
	Signature of a member	r or authorized ropresentative of a member	
	JOHNS	LATT	

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Filing Fee: \$25.00