## 108000080836

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T. CLINE

JUN - 8 2010

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of C	orporations			
SUBJECT:	CAUKI	TRADING, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	MAF	RCOS VIEIRA MACHAI	DO	
	•	Name of Person		
		CAUKI TRADING, LLC		
		Firm/Company		
	701	BRICKELL AVE #155	50	
		Address		20 17A
		MIAMI FL 33131		
		City/State and Zip Code		SAH)
	E-mail address:	to be used for future annual repo	ort notification)	IARY OF ASSECT
For further information	n concerning this matter, please		•	2010 JUN -7 AM 10 01 SECRETARY OF STATE ALLAHASSEE FLORID!
	, , , , , , , , , , ,			TATE DATE
	S VIEIRA MACHADO	at (_954_)	301-1848  Daytime Telephone Number	
Nam	e of Person	Area Code & I	Daytine Telephone Number	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	te of Status &
Regi Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	Registration Division of 6 Clifton Build	Corporations ding tive Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAUKI TRAD	DING, LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	08/22/2008	and assigned	
Florida document number L08000080836				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	:		
FASTTRACKING				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compan	y," the designation "L	LCSorthe abbreviatio	n F
Enter new principal offices address, if applicable:			- 長日	er 1
(Principal office address MUST BE A STREET ADDRESS)			SS 7	do H
			TO A	pass
Enter new mailing address, if applicable:			STATE LORIDA	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ır records, <u>enter t</u>	he name of the nev	<u>~</u>
Name of New Registered Agent:		<del></del>		
New Registered Office Address:	Ente	er Florida street addi	ress	
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

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>Name</u>	Address	Type of Actio
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nend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	<del>-</del>
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Filing Fee: \$25.00