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COVER LETTER

Division of Co					
SUBJECT:	Gemini 1	Frading Fund, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Heidi F. Evans	.		
		Name of Person			
		Gruber & Associates, P.A.			
		Firm/Company			
	240	00 E Commercial Boulevard,Suite 1			
		Address	· · ·	- 2	
				77.	=
	<u> </u>	ort Lauderdale, Florida 33308-4001 City/State and Zip Code	 	DCT	
		hfe@gruberepa.com		75	-
	E-mail address: (to be used for future annual report notif	lication)	31.4. 17. 19	9
For further information of	concerning this matter, please co	all:		2010 OCT 17 PM 3: 81 1XLCALXSSEE FEEBA	- 1987
Heidi F.	Evans	at (<u>954</u>) <u>522-2222</u>		<u> </u>	
Name (of Person	Area Code Daytime	e Telephone Number		
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)	Certified (of Status &	

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

	Gemini Trading Fund, LLC		
(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	08/26/2008	and assigned
Florida document number <u>L08000081640</u>			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
	Consulting, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de-	signation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applic	able: N/A		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	N/A		22 OCT
B. If amending the registered agent and/ registered agent and/or the new registered of	4,2	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	Enter Florid	la 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			□ ∧dd
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			☐ Change
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after liting.) Pursuant to 605.020 Note: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated October 3 2018 Signature of a member or authorized representative of a member	1	N/A
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Filing Fee: \$25.00