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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JAN 26 PM 2: 31

T. HAMPTON

JAN 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stock Trade WC
(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:
Amanda Dum (Name of Person)
Stock Trade (Firm/Company)
700 S. Harbour Isld Blvd 509 (Address)
TUMPA, FL 337602 (City/State and Zip Code)
For further information concerning this matter, please call:
Amanda Diem at (813) 505 8646
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stock Trai	de LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number <u>人 08 00009 7 508</u>	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		0 0
(Principal office address MUST BE A STREET ADDR	YESS)	SECY/ISIO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED RETARY OF STATE N OF CORPORATIONS N 26 PM 2: 31
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter Fi	orida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action **Address** Title Name Kottunov, Oleg ☐ Add -Remove ☐ Add Remove **↑** Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated sentative of a member • Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00