## 108000117259

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
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D. BRUCE
MAR 16 2010
EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	DLC TRA	ADING SBS, LLC		
		nited Liability Company		•
The enclosed Articles of A	Amendment and fee(s) are su	ibmitted for filing.		
Please return all correspon	ndence concerning this matte	er to the following:		
	JO	HN H. PATTERSON, JF	₹	_
		Name of Person		
	PAT	PATTERSON & SWEENY, PL		
	Firm/Company 9130 SOUTH DADELAND BLVD., STE. 1218		<del>-</del>	
		Address		_
	MIAMI, FLORIDA 33156			
		City/State and Zip Code		_
	pat	@pattersonsweeny.com	1	D (re
For further information co	ncerning this matter, please	•	nouncation)	10 M
	-			25.5
	PATTERSON, JR.	at ( 305 )	350-9000 aytime Telephone Numbe	THE ST
Name of Enclosed is a check for the		Area Code & D	aytime Telephone Numbo	10 MAR 15 MM 11: 02  ECAHASSEE FLORIDA
	-			
\$25.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certifie	ate of Status &
	NG ADDRESS:	STREET/CO	OURIER ADDRESS:	

MAILING ADDRESS: 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

DLC	TRADING SBS, LLC		
( <u>Name of the Limited Lia</u> (A Flor	bility Company as it now appear rida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	12/29/2008	and assigned
Florida document number L0800011725	<u>9                                    </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
	ORPHEUS, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	uny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
			Ac.
			A S
Enter new mailing address, if applicable:			景景和
			S 5 -
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		T1 20 Proper
B. If amending the registered agent and/or re			
registered agent and/or the new registered office		our records, <u>enterst</u>	ne name of the nev
Name of New Registered Agent:			
	······································		
New Registered Office Address:			
·	En	ter Florida street add.	ress
	··	, 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

MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add Remove	
<del></del>			Add Remove	
<del></del> -			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
). If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)		
_			10 MAR 15	
Dated	Signature of a member	or authorized representative of a moniber	OF STATE OF	
	JOHN Typed	H. PATTERSON, JR. or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00