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DIVISION OF CORPORATIONS

09 OCT -5 AN 8: 02

B. KOHR
0CT - 7 2009

**EXAMINER** 

## **COVER LETTER**

cop4.2

TO: 7 Registration Se Division of Cor					
SUBJECT:	TOLEDA	NO TRADE LLC			
JODGECT:	Name of Limit	ted Liability Company	OS NECES		
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.	09 00 T - 5 M 8: 02		
	ndence concerning this matter	-			
ricase return an correspon	ndence concerning this matter	to the following.	e i		
	F	Ramaswamy Laxman	Si Ca		
	1000	Name of Person			
		Firm/Company	<del></del>		
	9911 Liberty Road				
		Address	<del></del>		
	Во	ca Raton - FL - 33434			
		City/State and Zip Code			
		laxman@yahoo.com o be used for future annual report notifica	ition)		
For further information co	oncerning this matter, please c	·			
	oncoming this matter, product o				
T. Name of	R. Laxman	at ( <u>561</u> ) 4	04-3057		
Name of	Person	Area Code & Daydine	reiephone (vamoer		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fec	\$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)		

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

	OLEDANO			
( <u>Name of the Limited</u> (A	Liability Compa	ny as it now app	ears on our records.)	9,0
(A	Tiorida Eminica E	лаотну сотрану	1)	<b>9</b>
The Articles of Organization for this Limited Li	ability Company	were filed on _	February 19, 2009	and assembled
Florida document numberL0900016	730 <sub>.</sub>			5 820
				TO GO
This amount is submitted to amound the falls				9.
This amendment is submitted to amend the follo	owing:	•		20 %
A. If amending name, enter the new name of	the limited liab	ility company l	nere:	• •
The new name must be distinguishable and end with	h the words "Limi	ted Liability Con	npany," the designation "L	LC" or the abbreviation
"L.L.C."				
Enter new principal offices address, if application	able:	10240 Forest Hill Blvd., Suite 110		
(Principal cifice address MUST BE A STREET ADDRESS)		Wellington - FL - 33434		
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		9911 Libert	v Road	
(Mailing address MAY BE A POST OFFICE BOX)			n - FL - 33434	
(Manuel andress MAT BE A FOST OFFICE I	Doca Hatel	1 1 2 00 10 1	_	
B. If amending the registered agent and/o	or registered of	fice address o	n our records enter t	he name of the nev
registered agent and/or the new registered of			i out records, enter t	ne name or the nev
Name of New Registered Agent:	Ramaswam	y Laxman		
<del> </del>	0011 Lib arts	. Dood		
New Registered Office Address:	9911 Liberty		Enter Florida street add	rang
	_		Emer Pioriaa sireet aaa	7 633
·	B	oca Raton	, 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 of the confirmation that the limited liability company has been not fied 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 = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	<del></del> .		Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, :f necessary.)	
-			_
Dated	September 4 20	<u>009</u>	
	Signature of a membe	er or authorized representative of a member	
	Турес	d or printed name of signee	· ··-

Page 2 of 2

Filing Fee: \$25.00