

L09000037052

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2009 OCT -2 PM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT -5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMEX Precious Metals Exchange LLC
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:

Thomas Olson

Name of Person

PMEX Precious Metals Exchange LLC

Firm/Company

4065 NORTH HAVERHILL ROAD

Address

WEST PALM BEACH FL 33417 US

City/State and Zip Code

thomas@pmex.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Olson

Name of Person

at (561)

445-9953

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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**

FILED

2009 OCT -2 PM 1:31

PMEX Precious Metals Exchange LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/17/2009 and assigned
Florida document number L09000037052

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

522 Kingbird Cir, Delray Beach FL 33444

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

522 Kingbird Cir, Delray Beach FL 33444

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brian O'Connor	21810 CYPRESS CIRCLE APARTMENT 26E BOACE RATON FL 33433 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 28th, 2009


Signature of a member or authorized representative of a member

THOMAS OLSON
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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