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| Special Instruction | is to Fil | ling Offic | cer: | | | |
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Office Use Only



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SECRETARY OF STATE ONVISION OF CORPORATION

T. HAMPTON

SEP - 9 2009

EXAMINER

COVER LETTER

| TO: | | tion Section of Corporations | |
|--------|----------------------------|--|-------------|
| SHRJ | JECT: | Bottom Line Trading Company, LLC | |
| ЗОВО | Let | Name of Limited Liability Company | |
| The e | nclosed Artic | cles of Amendment and fee(s) are submitted for filing. | |
| Please | e return all co | orrespondence concerning this matter to the following: | |
| | | William A. Focht | |
| | | Name of Person | |
| | | Bottom Line Trading Company, LLC | |
| | | Firm/Company | |
| | 3557 Plover Avenue, Unit 5 | | |
| | | Address | |
| | | Naples, Florida 34117 | |
| | | City/State and Zip Code | |
| | | billfocht@hotmail.com | |
| For fi | urther informa | E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: | |
| . 0 | | amon concerning and matter, preuse can | |
| | | William A. Focht at (239) 398-4733 Name of Person Area Code & Daytime Telephone Number | |
| | Γ | Name of Person Area Code & Daytime Telephone Number | |
| Enclo | osed is a check | ck for the following amount: | |
| \$2 | 25.00 Filing F | Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy | Status & |
| | I | 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

| Botton (Name of the Limited) | n Line Tradir d Liability Compa A Florida Limited I | ng Company, LLC ny as it now appears on our records.) Liability Company) | | | | |
|---|---|--|------------------|--|--|--|
| The Articles of Organization for this Limited L Florida document number | | were filed onJune 29, 2009 | and assign | ned | | |
| This amendment is submitted to amend the fol | lowing: | | | | | |
| A. If amending name, enter the new name o | of the limited liab | pility company here: | | | | |
| | N/A | | | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lim | ited Liability Company," the designation "Ll | .C" or the abb | reviation | | |
| Enter new principal offices address, if appli | 3557 Plover Avenue, Unit 5 | S 60 | SEC | | | |
| (Principal office address MUST BE A STRE | Naples, Florida 34117 | Ęφ. | 32 07 07 | | | |
| | | | ά | 15.55 1.55 1.55 1.55 1.55 1.55 1.55 1.5 | | |
| Enter new mailing address, if applicable: | 3557 Plover Avenue, Unit 5 | PH 2: | OF STA RPORAL | | | |
| (Mailing address MAY BE A POST OFFICE | Naples, Florida 34117 | 0 | S.C. | | | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | | | e name of | the new | | |
| | | Enter Florida street address | | | | |
| | | , Florida | | | | |
| | | City | Zip Code | <u> </u> | | |

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:

7 1, 1,

MGR = Manager

MGRM = Managing Member Title Name **Address** Type of Action **MGRM** Peter J. Havran 3720 25th Avenue SW ✓ Add Naples, FL 34117 Remove Eric Brophy MGRM 5810 Sea Grass Lane Naples, FL 34116 √ 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.) September 3 2009 Dated __ Signature of a member or authorized representative of a member William A. Focht Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00