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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | istration Sect ision of Corpo | | | |
|----------------|----------------------------------|--|---|--|
| SUBJECT: | EpitomE Trac | | | |
| SOBJECT. | | | ted Liability Company | |
| | | mendment and fee(s) are subr | _ | |
| Please return | all correspond | dence concerning this matter t | to the following: | |
| | | Michael Swartz | | |
| | | | Name of Person | |
| | | EpitomE Trading LLC | | |
| | | | Firm/Company | |
| | | 6305 18th ave E. | | |
| | | | Address | |
| | | Bradenton Florida 34208 | | |
| | | fxmike195@gmail.com | City/State and Zip Code | |
| | | | o be used for future annual report n | otification) |
| For further in | nformation con | cerning this matter, please ca | 11: | |
| Michael Swa | artz | | 941 518-7232 at () | |
| | Name of F | Person | | ime Telephone Number |
| Enclosed is a | check for the | following amount: | | |
| □ \$25.00 F | 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

2017 FEB 21 PM 1: 35

MILLAHASSEE FLORIO,

EpitomE Trading LLC

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

| The Articles of Organization for this Limited Liability Company | were filed on July 2 2009 | and assigned |
|---|-----------------------------------|---------------------------------|
| Florida document number L09000064372 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | | ds, enter the name of the new |
| New Registered Office Address: | | |
| | Enter Florida street addre | 255 |
| | , F | lorida Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my duties, a | and I am familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|------------------------------------|---------------------|
| MGR | Epitome Management INC | | |
| | | 6212 40th ave w bradenton fl 34209 | Remove |
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| lf an ei <u>Note:</u> | ve date, if other than the date of filing: | |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling 90th day after the record is filed. | er of: |
| Dated | Feh. 15th 2017 | |
| | 1 7 - | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00