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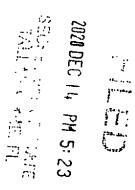
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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O SIMMONS JAN 27 2021

COVER LETTER

TO:

Tallahassee, FL 32314

| | egistration Sec ivision of Corp | | | |
|------------------|--|---|---|--|
| eud uzes | GUIDETRA | ADE, LLC | | K of the second |
| SUBJECT | · | Name of Lim | ited Liability Company | • |
| The enclos | ed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | m all correspor | ndence concerning this matter | to the following: | |
| | | JACOBUS HOPMAN | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 21747 FALL RIVER DR | | |
| | | | Address | |
| | | BOCA RATON, FL 33438 | t | |
| | | HOPMAN@HOPMANHO | | |
| For further | information co | E-mail address: (oncerning this matter, please ca | to be used for future annual report no all: | otification) |
| JACOBUS | SHOPMAN | | 561 213-4002 | |
| | Name of | Person | at () Area Code Dayt | ime Telephone Number |
| Enclosed is | s 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) |
| R | lailing Address egistration S vivision of Co | ection | Street Address: Registration S Division of Co | |
| | O. Box 632 | • | The Centre of | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUIDETRADE, LLC

2028 DEC 14 PH 5: 23

If Changing Registered Agent, Signature of New Registered Agent

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears (Liability Company) | un our records.) | |
|--|--|--|---------------------------------------|
| | T.51 1 . | | |
| The Articles of Organization for this Limited Liability Company | were filed on $\frac{07/2}{}$ | 3/2009 | and assigned |
| Florida document number 1.09000070743 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company her | 2: | |
| The new name must be distinguishable and contain the words "Limited Liabil | fity Company," the des | ignation "LLC" or the al | obreviation "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 office a | address on our rec | ords, <u>enter the nan</u> | ie of the new registered |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florid | a street address | |
| | | , Florida | |
| | C,ů. | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of movided for in Ch | y duties, and Lam apter 605, F.S. Or, | familiar with and if this document is |
| | | | |

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 2029 DEC 14 PM 5: 23 | Type of Action |
|--------------|----------------|--|----------------|
| MGR | HENRICA HOPMAN | 21747 FALL RIVER DR SEC. 1. J. SATE TALL SI SEE, FL BOCA RATON FL 33438 | ■Add |
| | | TALL FILLER, FL BOCA RATON, FL 33438 | Remove |
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| an effect lote: If | date, if other than the date of filing: |
| record s I is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | 7 Dec 2020. |
| | Signature of a member or authorized representative of a member |
| | JACOBUS HOPMAN |
| | Typed or printed name of signee |