09000108475

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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10.

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EXAMINER



November 19, 2009

RYAN MALLORY 2571 STRATFORD POINTE DRIVE WEST MELBOURNE, FL 32904

SUBJECT: TRADESCRIPT, LLC Ref. Number: L09000108475

We have received your document for TRADESCRIPT, LLC. However, upon receipt of your document no check was enclosed. Please send a check or merrey order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that we check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 709A00036027

COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT: TP	ADESCRIPT, U.C. Name of Limited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	RYAN MALLORY Name of Person	
	Firm/Company	
	2571 STRATFORD POINTE DRIVE	Ó9 NOV SECRETA
	WEST MELBOURNE, FL. 32904	TLE
	City/State and Zip Code SPC O, SHARE PLANNER · COM E-mail address: (to be used for future annual report notification)	PN 3: 08 OF STATE E. FLORIDA
For further information con	cerning this matter, please call:	"" ' ⇔
NIWLE Name of P	erson at (415) 677 - 5421 Area Code & Daytime Telephone Number	r
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee [(additional copy is enclosed) Certified	ate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

e - - - - - - -

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADESCRIPT (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LØ900010847</u> .5	any were filed on 11110	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
TRADENING CAPITAL MA		<u>C</u>	
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		09 SEC	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		24 PH 3: 09 ARY OF STATE SSEE, FLORIDS	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, enter the name of the new	
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 Type of Action **Title** <u>Address</u> <u>Name</u> ☐ Add Remove ☐ Add Remove Add 🗌 Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated nowember Signature of a member or authorized representative of a member Attorney for Tradescript, LLC
e of signee

1 Fery Building, Sik 255

25.00 San Francisco, CA 94111

415-868-5345 (phone) Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00

415-493-0154 (fax)