

LOG00018247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

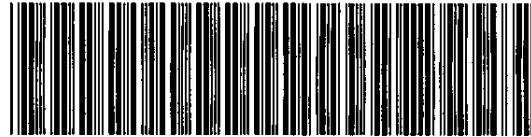
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trade Street Capital, 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:

Greg Baumann
Name of Person

BREL Capital, LLC
Firm/Company

1500 Cordova Rd Ste. 300
Address

Fort Lauderdale, FL 33316
City/State and Zip Code

gbaumann@brelcap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Baumann at (954) 269-1414
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Trade Street Capital, 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 12/14/2009 and assigned Florida document number LD9000118247.

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:

(Principal office address MUST BE A STREET ADDRESS)

1500 Cordova Rd Ste 300

Fort Lauderdale, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1500 Cordova Rd Ste. 300

Fort Lauderdale, FL 33316

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:

1500 Cordova Rd Ste. 300

Enter Florida street address

Fort Lauderdale

City

, Florida

Zip Code

14 MAY 12 10:17
STATE OF FLORIDA
TALLAHASSEE

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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MAY 12 2010
 TALLAHASSEE, FLORIDA
 STATE
 DEPT. OF REVENUE

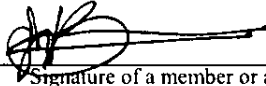
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Managing Member Address:
1500 Cordale Rd. Ste. 300
Fort Lauderdale, FL 33316

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 6, 2014



Signature of a member or authorized representative of a member

Greg Baumann

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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14 MAY 12 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA