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10 FEB 16 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 17 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRADE PRO LLC  
Name of Limited Liability Company

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10 FEB 16 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW A ZAPP III

Name of Person

TRADE PRO LLC

Firm/Company

305 Ridge Road

Address

DALE HARBOR, FL, 34683

City/State and Zip Code

TRADEPROLLC@TAMPABAY.FL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW ZAPP

Name of Person

at (727) 474-5393

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

TRAORR PRO 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 1-25-2010 and assigned  
Florida document number L1000000 8851

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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: \_\_\_\_\_

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MATTHEW A ZAPP III	555 Florida Ave Palm Harbor FL, 34683	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MATTHEW A ZAPP III	555 Florida Ave Palm Harbor, FL 34683	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MATTHEW A ZAPP IV	305 Ridge Rd Palm Harbor FL 34683	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MATTHEW A ZAPP IV	305 Ridge Rd Palm Harbor, FL, 34683	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 2-12-10 February 12, 2010

MATTHEW A ZAPP III

Signature of a member or authorized representative of a member

MATTHEW A ZAPP III

Typed or printed name of signee

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TALLAHASSEE, FLORIDA