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DIVISION OF CORPORATION

T. HAMPTON

MAR 2 4 2010

EXAMINER

## **COVER LETTER**

10:	Division of Corp					
SUBJE	<b>СТ</b> •	MacroTrend (	Capital Partners, LL	С		
30 03 0	· · · · · · · · · · · · · · · · · · ·		ited Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sul	omitted for filing.			
Please r	eturn all correspon	dence concerning this matter	to the following:			
	Kevin Gluckstal Name of Person					
			Name of Person			
·	•	Macrol	rend Capital Partners	LLC		
•	•		Firm/Company			
121			12154 NW 46th St			
Address						
Coral Springs, FL 33076						
	City/State and Zip Code info@macrotrendcapital.com					
			to be used for future annual repo			
For furt	her information co	ncerning this matter, please of	call:			
		n Gluckstal	at (_561 )	401-7441		
	Name of I	Person	Area Code & I	Daytime Telephone Number		
Emalass	d in a abaal: factha	following amount:				
	00 Filing Fee	following amount:  \$\int_\$30.00 \text{ Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registrat	NG ADDRESS: ion Section of Corporations	STREET/Co Registration Division of C Clifton Build	Corporations		

2661 Executive Center Circle

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MacroTrend Capi	tal Partners,	LLC	,	_		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company	were filed on	Feb 11 2010	and	assigned		
Florida document number 80-0544303 L10000015645						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :				
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Comp	any," the designation "L	LC" or t	the abbreviation		
Enter new principal offices address, if applicable:	12154 NW 4	6th St		ISION PECS		
Principal office address MUST BE A STREET ADDRESS)	Coral Spring	s, FL 33076	- <del>≶</del> 5 <b>&gt;</b> >-	<u> </u>		
			ω ————————————————————————————————————	- 유 - <del>유</del>		
Enter new mailing address, if applicable:				F STATI		
Mailing address MAY BE A POST OFFICE BOX		44	- F-0.	TONS.		
	<del></del>					
3. If amending the registered agent and/or registered of	fice address on	our records, <u>enter t</u>	he nam	e of the ne		
registered agent and/or the new registered office address her						
Name of Name Besistered Agents						
Name of New Registered Agent:						
New Registered Office Address:	New Registered Office Address:  Enter Florida street address					
	City	, Florida	Zip C	ode		

## 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 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 Address** Title Name Jill Tarbox mgmr 8512 Cricket St □ Add Hudson Fl 34667 Eve Boertlein 29795 SW 183rd CT mgmr Remove Homestead FL 33030 ☐ Add ☐ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Only Authorized Signer in Company is Kevin Gluckstal and or Len Gluckstal March 03 Dated Signature of a member of authorized representative of a member Typed or printed name of signee