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(Requestor's Name)			
(Address)			
(Address)			
(1.1.1.2.3.)			
(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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09/22/10--01015--018 **25.00

REGIZINGY OF STATE

J. SAULSBERRY EXAMINER

SEP 2 3 2010

COVER LETTER

TO: Registration Section . Division of Corporations		
SUBJECT: RK Trading 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:		
Perbhawatie Satte Name of Person		
Firm/Company		
7840 SW 130 lane		
City/State and Zip Code Suttre O hot moul E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Perhausible Suttre at (3D) 208 L945 Name of Person Area Code & Daytime Telephone Number	2010 SEP 22 PH 1: 05 LECKETHAY OF STATE PALLAMASSEE, FLURIDA	T
(additional copy is enclosed) Certified	te of Status &	i)

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

ding LLC		
y Compan√ as it now appea Limited Liability Company)	rs on our records.)	
Company were filed on	09/02/2010	and assigned
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ited liability company he	<u>re</u> :	
rds "Limited Liability Comp	any," the designation "Ll	LC" or the abbreviation
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	our records, enter th	ne name of the nev
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Ei		ess
City	, Florida	Zip Code
	ited liability company he rds "Limited Liability Comp RESS) tered office address on lress here:	ited liability company here: rds "Limited Liability Company," the designation "LI RESS) tered office address on our records, enter the ress here: Enter Florida street address, Florida

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:

1 . . .

	Manager = Managing Member		
<u>Title</u> .	<u>Name</u>	<u>Address</u>	Type of Action
M6/	2 Waisingh	Harinandansingh 7840 SW 13	Dlane Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	mending any other informati	on, enter change(s) here: (Attach additional sheets	if necessary.)
			ZOIO SEP 22
Dated _	September 2	<u>10</u> , <u>2010</u> .	THE PLANT
	Sign	ature of a member of authorized representative of a mem Cuatic Sattoe Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00