## L10000095668

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(Address)					
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C. LEWIS

OCT 42010

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT:	GGRE	Trading LLC				
		ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Debra A Heyer EA				
Name of Person						
	Tax Team Inc					
Firm/Company						
	8569 Pines Blvd Ste 214					
Address						
	Pe	mbroke Pines FI 33024				
City/State and Zip Code  debbie@ourtaxteam.com						
						E-mail address: (
For further information of	concerning this matter, please c	all:				
Deb	ra A Heyer EA	at ( 954 )	441-1404			
	of Person		ime Telephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Sed.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	ING ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2010 OCT -1 AM 12: 11

SECRETARY DE STATE.

GGRE Trading 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		ere filed on	September 13 2010	and assigned		
Florida document numberL	10000095668					
This amendment is submitted to ame	end the following:					
A. If amending name, enter the no	ew name of the limited liabili	ty company h	ere:			
The new name must be distinguishable "L.L.C."	and end with the words "Limite	d Liability Com	pany," the designation "LL	.C" or the abbreviation		
Enter new principal offices addres	ss, if applicable:					
(Principal office address MUST BL	A STREET ADDRESS)					
Enter new mailing address, if app	licable:					
(Mailing address MAY BE A POST	OFFICE BOX)					
B. If amending the registered a registered agent and/or the new re	zistered office address here:		our records, <u>enter th</u>	e name of the new		
Name of New Registered /	Agent:	····				
New Registered Office Ad	dress:		71 11 11			
		Enter Florida street address				
		, Florida City Zip Code				
		City		Zip Coae		
New Registered Agent's Signature, in	f changing Registered Agent:					
I hereby accept the appointment a the provisions of all statutes relat accept the obligations of my posit being filed to merely reflect a cha	ive to the proper and comple ion as registered agent as pr	te performand ovided for in	ce of my duties, and I ar Chapter 608, F.S. Or, ij	n familiar with and f this document is		

If Changing Registered Agent, Signature of New Registered Agent

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 Title** <u>Name</u> <u>Address</u> Noham Kilinsky MGRM 20533 Biscavne Blvd ☐ Add Ste 1238 √ Remove Aventura Fl 33180 Noham Kilinsky MGR 20533 Biscayne Blvd ✓ Add Remove Ste 1238 Aventura, FI 33180 ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 27 2010 Dated \_\_ Signature of a member or authorized representative of a member Norfam Kilinsky

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00