#11100037972

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Decument Number)					
(Document Number)					
0.45.40.45.4					
Certified Copies Certificates of Status	_				
	1				
Special Instructions to Filing Officer:					

Office Use Only



800215059558

12/19/11--01017--017 **30.00

HILED PN 3: 49
SECNIFIARY OF STATE
SECNIFIARY

K. SALY EXAMINER

DEC 20 2011

COVER LETTER

	Registration S Division of Co					
SUBJEC	T:	ShariRos	enberg.com LLC			
SOBOLC			ted Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		Shari Rosenberg				
			Name of Person			
	Firm/Company					
	4000 N. Ocean Drive #ET804					
	Address					
		Singer Island, FL 33404 City/State and Zip Code				
		E-mail address: (harimer@gmail.com to be used for future annual report notifica	tion)		
For further	er information of	concerning this matter, please c	all:			
	::Sha	ari Rosenberg	penam (1.4.3) at (<u>203)</u>	79-0008		
		of Person	Area Code & Daytime T			
Enclosed	is a check for t	he following amount:	* · ·			
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle:		
ga, gaza	· 经公司基份的。14 编	removed the season become	¥4];			
		र ताम क्षेत्र सम्बद्धाः होते । इस् र जाना व्यक्तिकार स्थापना स्था	Constant of the street, communication of the street of the	3 B.		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 DEC 19 PM 3: 49

ShariF	Rosenberg.com LLC		REJARY DO DO	
Sharif (<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appe la Limited Liability Company	ars on our records.)	AHASSEE FEORIDA	
The Articles of Organization for this Limited Liability				
Florida document numberL11000037972				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company h	ere:		
Trade Sec	rets of Tim Conover, L	LC		
The new name must be distinguishable and end with the v"L.L.C."			LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter th	ne name of the new	
Name of New Registered Agent:			<u>.</u>	
New Registered Office Address:				
	Enter Florida street address			
	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> **Address Type of Action** <u>Name</u> ☐ Add Remove Remove ☐ Add Remove Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ December 15 2011 Signature of a member or authorized representative of a member SHARON M. Ko
Typed or printed name of signee KO SENBUZE

Page 2 of 2

Filing Fee: \$25.00