

L11000047307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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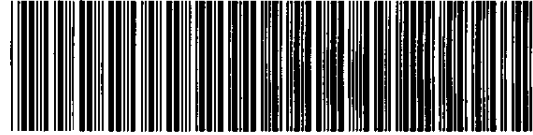
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAY 24 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alex Trading Co., 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:

John J. Wright, Esq.

Name of Person

Bogin, Munns & Munns, P.A.

Firm/Company

924 Garfield Street

Address

Melbourne, Florida 32935

City/State and Zip Code

jwright@boginmunns.com

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

For further information concerning this matter, please call:

John J. Wright, Esq.

Name of Person

at (321)

254-3939

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

Alex Trading Co., 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 April 21, 2011 and assigned
Florida document number L11000047307.

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**)

c/o Farshid Mahlouji
13114 Islamadora Drive
Orlando, FL 32837

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

c/o Farshid Mahlouji
13114 Islamadora Drive
Orlando, FL 32837

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:	<u>Farshid Mahlouji</u>		
New Registered Office Address:	<u>13114 Islamadora Drive</u>		
	<i>Enter Florida street address</i>		
	<u>Orlando</u>	<u>Florida</u>	<u>32837</u>
	<i>City</i>		<i>Zip Code</i>

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.

Farshid Mahlouji
If Changing Registered Agent, Signature of New Registered Agent

F.M

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>
MGRM	Shahram Motamedy	3 Village Lane Palm Coast, FL 32164	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mohammad Nikbakht	c/o Farshid Mahlouji 13114 Islamadora Drive Orlando, FL 32837	<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
			<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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated May 18, 2011

Signature of a member or authorized representative of a member
John J. Wright, Esq.

Typed or printed name of signee